

2015-11038  
15-3157

# NEW HANOVER COUNTY BUILDING PERMIT

APPLICATION TYPE: RESIDENTIAL

PLEASE ANSWER ALL QUESTIONS APPLICABLE TO YOUR PROJECT

"Project Responsibility"

APPLICATION

Number  
(Office Use)



APPLICANT'S NAME: Macy Lane LLC by Peter Koke Agent DATE: 11/9/15  
 DEVELOPER: OWNER PHONE #:  
 PROJECT ADDRESS: 226 South Front Street CITY: Wilmington ZIP: 28401  
 SUBDIVISION: NA BLOCK #: LOT #:  
 PROPERTY OWNER'S NAME: MACY Lane LLC PHONE #: 910-231-1479  
 OWNER'S ADDRESS: 226 South Front Street CITY: Wilmington ST: NC ZIP: 28401  
 CONTRACTOR: Peter Koke LICENSE #:  
 ADDRESS: 226 South Front CITY: Wilmington ST: NC ZIP: 28401  
 EMAIL ADDRESS: KokeDemco@Yahoo.com PHONE #: 910-231-1479  
 PROJECT CONTACT PERSON: Peter Koke PHONE #: 910-231-1474

EXISTING CONSTRUCTION:  ALTERATION  RENOVATION  GENERAL REPAIRS  RELOCATION

NEW CONSTRUCTION:  ERECT NEW RESIDENCE or  ADDITION TO EXISTING RESIDENCE

\*\*PLEASE CHECK AND ANSWER BELOW ALL THAT APPLY TO YOUR PROJECT:

ATT GARAGE \_\_\_\_\_ SF  DET GARAGE \_\_\_\_\_ SF  PORCH 300 SF  
 SUNROOM \_\_\_\_\_ SF  POOL \_\_\_\_\_ SF  STORAGE SHED \_\_\_\_\_ SF  
 GREENHOUSE \_\_\_\_\_ SF  DECK \_\_\_\_\_ SF OTHER: \_\_\_\_\_ SF

TOTAL HEATED SQ FT: 5000 TOTAL SQ FT UNDER ROOF: 7000 TOTAL AREA SQ FT: \_\_\_\_\_

TOTAL PROJECT COST (less Lot) : \$ 1500 # OF STORIES: \_\_\_\_\_

Is Any ELECTRICAL, PLUMBING or MECHANICAL work Being Done to the Accessory Structure?  Yes  No  
 If the project is a Relocation, is there a Natural Gas Line on the Current Site?  Yes  No  
 Is there Electrical Power on this Building?  Yes  No

PROPERTY USE / OCCUPANCY:  SINGLE FAMILY  DUPLEX  TOWNHOUSE

DESCRIPTION OF WORK: Porch repair replace some pickets

DISCLAIMER: I hereby certify that all information in this application is correct and all work will comply with the State Building Code and all other applicable State and local laws and ordinances and regulations. The NHC Development Services Center will be notified of any changes in the approved plans and specifications or change in contractor or contractor information. \*\*\*NOTE: Any Work Performed W/O the Appropriate Permits will be in Violation of the NC State Bldg. Code and Subject to Fines Up To \$500.00\*\*

OWNER/CONTRACTOR: Macy Lane LLC by Peter Koke SIGNATURE: Peter Koke Agent  
(Print Name) City Inspection Required, 910-254-0900

IS THE PROPERTY LOCATED IN A FLOODPLAIN?  YES  NO

EXISTING IMPERVIOUS AREA: 2500 SQ FT TOTAL ACRES DISTURBED: 0  
 NEW IMPERVIOUS AREA: 0 SQ FT EXIST LAND DISTURBING PERMIT:  YES  NO

WATER:  CFPWA  COMMUNITY SYSTEM  PRIVATE WELL  CENTRAL WELL  
 SEWER:  CFPWA  CENTRAL SEPTIC  PRIVATE SEPTIC  COMMUNITY SYSTEM

\*\*\* SEPARATE PERMITS REQUIRED FOR ELECT, MECH, PLBG, GAS EQUIP, PREFABS & INSERTS \*\*\*

PAYMENT METHOD:  CASH  CHECK (PAYABLE TO NHC)  AMERICAN EXPRESS  MC/VISA  DISCOVER

ZONE: H20 OFFICER: Donna (FOR OFFICE USE ONLY) SETBACKS: F: N/A LH: N/A RH: N/A B: N/A REVISED DATE 04/11/12  
 Approval: \_\_\_\_\_ City: Wilm DATE: 11/20/15 FLOOD: N/A BFE+2ft= \_\_\_\_\_

Comment: NO EXTERIOR CHANGES PERMITTED WITHOUT PERMIT FEE: \$  
A CERTIFICATE OF APPROPRIATENESS. ALL WORK UNDER THIS PERMIT SHALL BE REPAIR WORK ONLY.



NEW HANOVER COUNTY BUILDING PERMIT

2016-136

15-3583

APPLICATION TYPE: RESIDENTIAL

PLEASE ANSWER ALL QUESTIONS APPLICABLE TO YOUR PROJECT

"Project Responsibility"

APPLICATION Number (Office Use)

APPLICANT'S NAME: D.R. Horton, Inc. DATE: 12/28/15
DEVELOPER: PHONE #:
PROJECT ADDRESS: 7629 Vancouver Ct. CITY: Wilmington ZIP: 28412
SUBDIVISION: Waterside at Woodlake BLOCK #: LOT #: 249
PROPERTY OWNER'S NAME: D.R. Horton, Inc. PHONE #: 843-646-2318
OWNER'S ADDRESS: 4073 Belle Terre Blvd. CITY: Myrtle Beach ST: SC ZIP: 29579
CONTRACTOR: D.R. Horton, Inc. LICENSE #: 29676 ACCOUNT #:
ADDRESS: 4073 Belle Terre Blvd. CITY: Myrtle Beach ST: SC ZIP: 29579
EMAIL ADDRESS: mtdaniels@drhorton.com PHONE #: 910-581-0184
PROJECT CONTACT PERSON: Michael Daniels PHONE #: 910-581-0184

EXISTING CONSTRUCTION: [ ] ALTERATION [ ] RENOVATION [ ] GENERAL REPAIRS [ ] RELOCATION

NEW CONSTRUCTION: [x] ERECT NEW RESIDENCE or [ ] ADDITION TO EXISTING RESIDENCE

\*\*PLEASE CHECK AND ANSWER BELOW ALL THAT APPLY TO YOUR PROJECT:

[x] ATT GARAGE 432 SF [ ] DET GARAGE SF [x] PORCH 222 SF
[ ] SUNROOM SF [ ] POOL SF [ ] STORAGE SHED SF
[ ] GREENHOUSE SF [ ] DECK SF OTHER: SF

TOTAL HEATED SQ FT: 2868 TOTAL SQ FT UNDER ROOF: 3522 TOTAL AREA SQ FT: 3522

TOTAL PROJECT COST (Less Lot) : \$ 176052 # OF STORIES: 2

Is Any ELECTRICAL, PLUMBING or MECHANICAL Work Being Done to the Accessory Structure? [x] Yes [ ] No
If the project is a Relocation, is there a Natural Gas Line on the Current Site? [ ] Yes [x] No
Is there Electrical Power on this Building? [ ] Yes [x] No

PROPERTY USE / OCCUPANCY: [x] SINGLE FAMILY [ ] DUPLEX [ ] TOWNHOUSE

DESCRIPTION OF WORK: Single Family Residential

DISCLAIMER: I hereby certify that all information in this application is correct and all work will comply with the State Building Code and all other applicable State and local laws and ordinances and regulations. The NHC Development Services Center will be notified of any changes in the approved plans and specifications or change in contractor or contractor information. \*\*\*NOTE: Any Work Performed W/O the Appropriate Permits will be in Violation of the NC State Bldg Code and Subject to Fines Up To \$500.00\*\*\*

OWNER/CONTRACTOR: Michael Daniels/D.R.Horton, Inc. SIGNATURE:

(Print Name)

IS THE PROPERTY LOCATED IN A FLOODPLAIN? [ ] YES [x] NO

EXISTING IMPERVIOUS AREA: SQ FT TOTAL ACRES DISTURBED: .18
NEW IMPERVIOUS AREA: 3124 SQ FT EXIST LAND DISTURBING PERMIT: [ ] YES [x] NO

WATER: [x] CFPUA [ ] COMMUNITY SYSTEM [ ] PRIVATE WELL [ ] CENTRAL WELL
SEWER: [x] CFPUA [ ] CENTRAL SEPTIC [ ] PRIVATE SEPTIC [ ] COMMUNITY SYSTEM

\*\*\* SEPARATE PERMITS REQUIRED FOR ELECT, MECH, PLBG, GAS EQUIP, PREFABS & INSERTS \*\*\*

PAYMENT METHOD: [ ] CASH [ ] CHECK (PAYABLE TO NHC) [x] BILL ACCOUNT [ ] MC/VISA [ ] DISCOVER

(FOR OFFICE USE ONLY)

REVISED DATE 04/11/12

ZONE: OFFICER: SETBACKS: F: LH: RH: B:

Approval: City: DATE: FLOOD: BFE+2ft=

A V N

\$ 1,564.00

2015-273  
15-2966



# NEW HANOVER COUNTY BUILDING PERMIT

APPLICATION TYPE: RESIDENTIAL

PLEASE ANSWER ALL QUESTIONS APPLICABLE TO YOUR PROJECT

## "Project Responsibility"

APPLICATION  
Number  
(Office Use)

APPLICANT'S NAME: D.R. Horton, Inc. DATE: 10/20/15

DEVELOPER: \_\_\_\_\_ PHONE #: \_\_\_\_\_

PROJECT ADDRESS: 577 Steele Loop CITY: Wilmington ZIP: 28411

SUBDIVISION: The Reserve at West Bay BLOCK #: \_\_\_\_\_ LOT #: 20

PROPERTY OWNER'S NAME: D.R. Horton, Inc. PHONE #: 843-357-8400

OWNER'S ADDRESS: 4073 Belle Terre Blvd. CITY: Myrtle Beach ST: SC ZIP: 29579

CONTRACTOR: D.R. Horton, Inc. LICENSE #: 29676 ACCOUNT #: \_\_\_\_\_

ADDRESS: 4073 Belle Terre Blvd. CITY: Myrtle Beach ST: SC ZIP: 29579

EMAIL ADDRESS: PCBalderose@drhorton.com PHONE #: 843-646-2318

PROJECT CONTACT PERSON: Phillip Balderose PHONE #: 843-331-7204

EXISTING CONSTRUCTION:  ALTERATION  RENOVATION  GENERAL REPAIRS  RELOCATION

NEW CONSTRUCTION:  ERECT NEW RESIDENCE or  ADDITION TO EXISTING RESIDENCE

\*\*PLEASE CHECK AND ANSWER BELOW ALL THAT APPLY TO YOUR PROJECT:

- ATT GARAGE 407 SF  DET GARAGE \_\_\_\_\_ SF  PORCH 243 SF
- SUNROOM \_\_\_\_\_ SF  POOL \_\_\_\_\_ SF  STORAGE SHED \_\_\_\_\_ SF
- GREENHOUSE \_\_\_\_\_ SF  DECK \_\_\_\_\_ SF OTHER: \_\_\_\_\_ SF

TOTAL HEATED SQ FT: 2643 TOTAL SQ FT UNDER ROOF: 3293 TOTAL AREA SQ FT: 5979

TOTAL PROJECT COST (Less Lot) : \$ 163,656 # OF STORIES: 2

Is Any ELECTRICAL, PLUMBING or MECHANICAL Work Being Done to the Accessory Structure?  Yes  No  
 If the project is a Relocation, is there a Natural Gas Line on the Current Site?  Yes  No  
 Is there Electrical Power on this Building?  Yes  No

PROPERTY USE / OCCUPANCY:  SINGLE FAMILY  DUPLEX  TOWNHOUSE

DESCRIPTION OF WORK: Single Family Residential

Parcel ID # R04400-001-552-000

DISCLAIMER: I hereby certify that all information in this application is correct and all work will comply with the State Building Code and all other applicable State and local laws and ordinances and regulations. The NHC Development Services Center will be notified of any changes in the approved plans and specifications or change in contractor or contractor information. \*\*\*NOTE: Any Work Performed W/O the Appropriate Permits will be in Violation of the NC State Bldg Code and Subject to Fines Up To \$500.00\*\*\*

OWNER/CONTRACTOR: Phillip Balderose/DR Horton SIGNATURE: \_\_\_\_\_

(Print Name)

IS THE PROPERTY LOCATED IN A FLOODPLAIN?  YES  NO

EXISTING IMPERVIOUS AREA: \_\_\_\_\_ SQ FT TOTAL ACRES DISTURBED: .21  
 NEW IMPERVIOUS AREA: 3500 SQ FT EXIST LAND DISTURBING PERMIT:  YES  NO

WATER:  CFPUA  COMMUNITY SYSTEM  PRIVATE WELL  CENTRAL WELL  
 SEWER:  CFPUA  CENTRAL SEPTIC  PRIVATE SEPTIC  COMMUNITY SYSTEM

\*\*\* SEPARATE PERMITS REQUIRED FOR ELECT, MECH, PLBG, GAS EQUIP, PREFABS & INSERTS \*\*\*

PAYMENT METHOD:  CASH  CHECK (PAYABLE TO NHC)  BILL ACCOUNT  MC/VISA  DISCOVER

(FOR OFFICE USE ONLY)

REVISED DATE 04/11/12

ZONE: \_\_\_\_\_ OFFICER: \_\_\_\_\_ SETBACKS: F: \_\_\_\_\_ LH: \_\_\_\_\_ RH: \_\_\_\_\_ B: \_\_\_\_\_

Approval: \_\_\_\_\_ City: \_\_\_\_\_ DATE: \_\_\_\_\_ FLOOD: \_\_\_\_\_ BFE+2ft= \_\_\_\_\_

A V N

\$ 1463



\* 4641 correct address \*  
PER CITY ZONING TRC APPROVED

2016-277  
PEZ 15-2321

### NEW HANOVER COUNTY BUILDING PERMIT

APPLICATION TYPE: COMMERCIAL

PLEASE ANSWER ALL QUESTIONS APPLICABLE TO YOUR PROJECT

#### "Project Responsibility"

RECEIVED AUG 3 2015

APPLICATION Number (Office Use)

DATE: 8/6/15

APPLICANT'S NAME: Ryan Price

DEVELOPER: Aquarian Pools North View Construction LLC PHONE #: 919-277-1112

PROJECT ADDRESS: 4641 Fairview Dr CITY: Wilmington ZIP: 28412

OCCUPANT/BUSINESS NAME: Meridian @ Fairfield Park

PROPERTY OWNER'S NAME: Meridian @ Fairfield Park LLC PHONE #: 919-277-1112

OWNER'S ADDRESS: 6131 Falls of Neuse Rd CITY: Raleigh ST: NC ZIP: 27609

CONTRACTOR: Muller Contractors DBA Aquarian Pools LICENSE #: 27842

ADDRESS: P.O. Box 1906 CITY: Farmo ST: SC ZIP: 29063

EMAIL ADDRESS: RA Price @ aquarianpools.com PHONE #: 803-732-3636

PROJECT CONTACT PERSON: Ryan or Marisa Price PHONE #:

US

(Check All That Apply)

EXIST CONSTRUCTION:  ALTERATION  RENOVATION  GENERAL REPAIRS  RELOCATION

If Relocation, is there a Natural Gas Line on the Current Site?  Yes  No IS BLDG SPRINKLERED?  Yes  No

NEW CONSTRUCTION:  ERECT NEW STRUCTURE  FAST TRACK  SHELL  UPFIT  ADD TO EXIST STRUCTURE

ACCESSORY STRUCTURE: \_\_\_\_\_

If UPFIT - The Shell Permit #: \_\_\_\_\_ Is Elect Power on this Building  Yes  NO

\*\*\*\*\* IS THIS A CHANGE OF OCCUPANCY USE?  YES  NO \*\*\*\*\*

If Yes, what was the Previous Occupancy Type? \_\_\_\_\_ What is the New Occupancy Type? \_\_\_\_\_

ARCH DESIGN PROFESSIONAL: Matthew Majors PH: 704-927-9900 NC REG #: 08196

ENGR DESIGN PROFESSIONAL: Christopher Michael Childs PH: 803-729-4388 NC REG #: 028526

DESCRIPTION OF WORK: Install Commercial Pool

Is food or beverages prepared or served in this structure?  Yes  No Is The Property Located in The Floodplain?  Yes  No

DISCLAIMER: I hereby certify that all information in this application is correct and all work will comply with the State Building Code and all other applicable State and local laws and ordinances and regulations. The NHC Development Services Center will be notified of any changes in the approved plans and specifications or change in contractor or contractor information. \*\*\*NOTE: Any Work Performed W/O the Appropriate Permits will be in Violation of the NC State Bldg Code and Subject to Fines Up To \$500.00\*\*\*

OWNER/CONTRACTOR: Ryan Price SIGNATURE: [Signature]

Note: Demolition notifications & asbestos removal permit applications are to be submitted using the application form (DHHS-3768) whether the facility or building was found to contain Asbestos or not. You are required to call the National Emission Standards for Hazardous Air Pollutants (NESHAP) at (919)707-5950 at least 10 days prior to the demolition of any facility or building. See Asbestos Web Site: <http://www.epi.state.nc.us/epi/asbestos/ahmp.html>

TOTAL PROJECT COST: 45,175.00 BUILDING HEIGHT: City Inspection Required 910-254-0900

TOTAL AREA SQ FT: 1,430 SQ FT PER FLR: \_\_\_\_\_ # OF STORIES: \_\_\_\_\_

TOTAL SQ FT UNDER ROOF: \_\_\_\_\_ # OF STRUCTURES: \_\_\_\_\_ # OF FLOORS: \_\_\_\_\_

ACRES DISTURBED: \_\_\_\_\_ EXST LAND DISTURBING PERMIT?  YES  NO

NEW IMPERVIOUS AREA: \_\_\_\_\_ SQ FT EXISTING IMPERVIOUS AREA: \_\_\_\_\_

PROPERTY USE:  OFFICE  RESTAURANT  MERCANTILE  EDUC  APT  CONDO OTHER: \_\_\_\_\_

WATER:  CFPUA  COMMUNITY SYSTEM  WELL  ZONING USE CLASSIFICATION: \_\_\_\_\_

SEWER:  CFPUA  CENTRAL SEPTIC  PRIVATE SEPTIC  COMMUNITY SYSTEM

\*\*\* SEPARATE PERMITS REQUIRED FOR ELECT, MECH, PLBG, GAS EQUIP, PREFABS & INSERTS \*\*\*

PAYMENT METHOD:  CASH  CHECK (PAYABLE TO NHC)  AMERICAN EXPRESS  MC/VISA  DISCOVER

ZONE: MX OFFICER: [Signature] (FOR OFFICE USE ONLY) SETBACKS: F: \* LH: \* RH: \* B: \*

Approval: \_\_\_\_\_ City: Wilmington DATE: 8/20/15 FLOOD: \_\_\_\_\_ BFE+2ft= \_\_\_\_\_

Comment: SET-BACKS PER TRC APPROVED SITE-PLAN PERMIT FEE: \$ \_\_\_\_\_

02-83 9/23/15

RECEIVED AUG 13 2015

NHC

RECEIVED DEC 21 2015

2016-281



# NEW HANOVER COUNTY BUILDING PERMIT

APPLICATION TYPE: RESIDENTIAL

PLEASE ANSWER ALL QUESTIONS APPLICABLE TO YOUR PROJECT

"Project Responsibility"

15-3557

APPLICATION Number (Office Use)

APPLICANT'S NAME: Prestige Pools Of Wilmington Inc DATE: 12-22-2015  
 DEVELOPER: \_\_\_\_\_ PHONE #: 910-547-8511  
 PROJECT ADDRESS: 136 Inlet Point Dr CITY: Wilmington ZIP: 28412  
 SUBDIVISION: Inlet Point BLOCK #: \_\_\_\_\_ LOT #: \_\_\_\_\_  
 PROPERTY OWNER'S NAME: Melissa HArdin PHONE #: 910-813-0515  
 OWNER'S ADDRESS: 136 inlet point dr CITY: wilmington ST: nc ZIP: 28412  
 CONTRACTOR: Prestige Pools of wilmington inc LICENSE #: 54579  
 ADDRESS: 5307 South College rd CITY: wilmington ST: nc ZIP: 28412  
 EMAIL ADDRESS: prestigepoolsofwilmington@gmail.com PHONE #: 910-232-5375  
 PROJECT CONTACT PERSON: Shane PHONE #: 910-232-5375

EXISTING CONSTRUCTION:  ALTERATION  RENOVATION  GENERAL REPAIRS  RELOCATION  
 NEW CONSTRUCTION:  ERECT NEW RESIDENCE or  ADDITION TO EXISTING RESIDENCE

\*\*PLEASE CHECK AND ANSWER BELOW ALL THAT APPLY TO YOUR PROJECT:

ATT GARAGE \_\_\_\_\_ SF  DET GARAGE \_\_\_\_\_ SF  PORCH \_\_\_\_\_ SF  
 SUNROOM \_\_\_\_\_ SF  POOL 275 SF  STORAGE SHED \_\_\_\_\_ SF  
 GREENHOUSE \_\_\_\_\_ SF  DECK \_\_\_\_\_ SF OTHER: \_\_\_\_\_ SF

TOTAL HEATED SQ FT: 0 TOTAL SQ FT UNDER ROOF: 0 TOTAL AREA SQ FT: 0

TOTAL PROJECT COST (Less Lot) : \$ 46,250.00 # OF STORIES: 3

Is Any ELECTRICAL, PLUMBING or MECHANICAL Work Being Done to the Accessory Structure?  Yes  No  
 If the project is a Relocation, is there a Natural Gas Line on the Current Site?  Yes  No  
 Is there Electrical Power on this Building?  Yes  No

PROPERTY USE / OCCUPANCY:  SINGLE FAMILY  DUPLEX  TOWNHOUSE

DESCRIPTION OF WORK: INstallation of in ground swimming pool

DISCLAIMER: I hereby certify that all information in this application is correct and all work will comply with the State Building Code and all other applicable State and local laws and ordinances and regulations. The NHC Development Services Center will be notified of any changes in the approved plans and specifications or change in contractor or contractor information. \*\*\*NOTE: Any Work Performed W/O the Appropriate Permits will be in Violation of the NC State Bldg Code and Subject to Fines Up To \$500.00\*\*\*

OWNER/CONTRACTOR: Shane Kosnik SIGNATURE: [Signature]  
(Print Name)

IS THE PROPERTY LOCATED IN A FLOODPLAIN?  YES  NO

EXISTING IMPERVIOUS AREA: \_\_\_\_\_ SQ FT TOTAL ACRES DISTURBED: \_\_\_\_\_  
 NEW IMPERVIOUS AREA: \_\_\_\_\_ SQ FT EXIST LAND DISTURBING PERMIT:  YES  NO

WATER:  CFPUA  COMMUNITY SYSTEM  PRIVATE WELL  CENTRAL WELL  
 SEWER:  CFPUA  CENTRAL SEPTIC  PRIVATE SEPTIC  COMMUNITY SYSTEM

\*\*\* SEPARATE PERMITS REQUIRED FOR ELECT, MECH, PLBG, GAS EQUIP, PREFABS & INSERTS \*\*\*

PAYMENT METHOD:  CASH  CHECK (PAYABLE TO NHC)  AMERICAN EXPRESS  MC/VISA  DISCOVER

(FOR OFFICE USE ONLY)

REVISED DATE 04/11/12

ZONE: \_\_\_\_\_ OFFICER: \_\_\_\_\_ SETBACKS: F: \_\_\_\_\_ LH: \_\_\_\_\_ RH: \_\_\_\_\_ B: \_\_\_\_\_  
 Approval: \_\_\_\_\_ City: \_\_\_\_\_ DATE: \_\_\_\_\_ FLOOD: \_\_\_\_\_ BFE+2ft= \_\_\_\_\_  
 Comment: \_\_\_\_\_ PERMIT FEE: \$ 75.00

NHC

RECEIVED DEC 31 2015

2016-288

15-3598



# NEW HANOVER COUNTY BUILDING PERMIT

APPLICATION TYPE: RESIDENTIAL

PLEASE ANSWER ALL QUESTIONS APPLICABLE TO YOUR PROJECT

"Project Responsibility"

APPLICATION Number (Office Use)

APPLICANT'S NAME: Stevens Fine Homes + Stevens Building Co. DATE: 12/30/15  
 DEVELOPER: Shepard Partner's LLC PHONE #: 910-794-8699  
 PROJECT ADDRESS: 8505 Bison Court CITY: Wilmington ZIP: 28411  
 SUBDIVISION: Registry @ Vineyard Plantation BLOCK #: 0 LOT #: 40  
 PROPERTY OWNER'S NAME: Stevens Fine Homes PHONE #: 910-794-8699  
 OWNER'S ADDRESS: 5710 Oleander Drive St 200 CITY: Wilmington ST: NC ZIP: 28403  
 CONTRACTOR: Stevens Building Co. LICENSE #: 31626 ACCOUNT #: 372  
 ADDRESS: 5710 Oleander Drive St 200 CITY: Wilmington ST: NC ZIP: 28403  
 EMAIL ADDRESS: snicholson@stevensfinehomes.com PHONE #: 910-794-8699  
 PROJECT CONTACT PERSON: Staci Nicholson PHONE #: 794-8699

EXISTING CONSTRUCTION:  ALTERATION  RENOVATION  GENERAL REPAIRS  RELOCATION

NEW CONSTRUCTION:  ERECT NEW RESIDENCE or  ADDITION TO EXISTING RESIDENCE

\*\*PLEASE CHECK AND ANSWER BELOW ALL THAT APPLY TO YOUR PROJECT:

ATT GARAGE 477 SF  DET GARAGE \_\_\_\_\_ SF  PORCH 90 SF  
 SUNROOM \_\_\_\_\_ SF  POOL \_\_\_\_\_ SF  STORAGE SHED \_\_\_\_\_ SF  
 GREENHOUSE \_\_\_\_\_ SF  DECK \_\_\_\_\_ SF OTHER: \_\_\_\_\_ SF

TOTAL HEATED SQ FT: 3090 TOTAL SQ FT UNDER ROOF: 3657 TOTAL AREA SQ FT: 3657

TOTAL PROJECT COST (Less Lot) : \$ 120,000 # OF STORIES: 2

Is Any ELECTRICAL, PLUMBING or MECHANICAL Work Being Done to the Accessory Structure?  Yes  No  
 If the project is a Relocation, is there a Natural Gas Line on the Current Site?  Yes  No  
 Is there Electrical Power on this Building?  Yes  No

PROPERTY USE / OCCUPANCY:  SINGLE FAMILY  DUPLEX  TOWNHOUSE

DESCRIPTION OF WORK: New Residential Construction

DISCLAIMER: I hereby certify that all information in this application is correct and all work will comply with the State Building Code and all other applicable State and local laws and ordinances and regulations. The NHC Development Services Center will be notified of any changes in the approved plans and specifications or change in contractor or contractor information. \*\*\*NOTE: Any Work Performed W/O the Appropriate Permits will be in Violation of the NC State Building Code and Subject to Fines Up To \$500.00\*\*\*

OWNER/CONTRACTOR: Craig Stevens SIGNATURE: \_\_\_\_\_  
(Print Name)

\*\*\*\*\* IS THE PROPERTY LOCATED IN A FLOODPLAIN?  YES  NO \*\*\*\*\*

EXISTING IMPERVIOUS AREA: 2625 SQ FT TOTAL ACRES DISTURBED: 1/3  
 NEW IMPERVIOUS AREA: 2625 SQ FT EXIST LAND DISTURBING PERMIT:  YES  NO

WATER:  CFPWA  COMMUNITY SYSTEM  PRIVATE WELL  CENTRAL WELL  
 SEWER:  CFPWA  CENTRAL SEPTIC  PRIVATE SEPTIC  COMMUNITY SYSTEM

\*\*\* SEPARATE PERMITS REQUIRED FOR ELECT, MECH, PLBG, GAS EQUIP, PREFABS & INSERTS \*\*\*

PAYMENT METHOD:  CASH  CHECK (PAYABLE TO NHC)  BILL ACCOUNT  MC/VISA  DISCOVER  
 \*\*\*\*\*

(FOR OFFICE USE ONLY) REVISED DATE 04/11/12

ZONE: \_\_\_\_\_ OFFICER: \_\_\_\_\_ SETBACKS: F: \_\_\_\_\_ LH: \_\_\_\_\_ RH: \_\_\_\_\_ B: \_\_\_\_\_  
 Approval: \_\_\_\_\_ City: \_\_\_\_\_ DATE: \_\_\_\_\_ FLOOD: \_\_\_\_\_ BFE+2ft= \_\_\_\_\_  
 A V N

Comment: \_\_\_\_\_ PERMIT FEE: \$ 1624.00

NHC

2016-290



# NEW HANOVER COUNTY BUILDING PERMIT

APPLICATION TYPE: RESIDENTIAL

PLEASE ANSWER ALL QUESTIONS APPLICABLE TO YOUR PROJECT

"Project Responsibility"

15-3600

APPLICATION Number (Office Use)

APPLICANT'S NAME: Stevens Fine Homes + Stevens Building Co. DATE: 12/30/15  
 DEVELOPER: Shepard Partner's LLC PHONE #: 910.794.8699  
 PROJECT ADDRESS: 8521 Bison Court CITY: Wilmington ZIP: 28411  
 SUBDIVISION: Registry @ Vinard Plantation BLOCK #: 0 LOT #: 67  
 PROPERTY OWNER'S NAME: Stevens Fine Homes PHONE #: 910.794.8699  
 OWNER'S ADDRESS: 5710 Oleander Drive St 200 CITY: Wilmington ST: NC ZIP: 28403  
 CONTRACTOR: Stevens Building Co. LICENSE #: 31626 ACCOUNT #: 372  
 ADDRESS: 5710 Oleander Drive St 200 CITY: Wilmington ST: NC ZIP: 28403  
 EMAIL ADDRESS: snicholson@stevensfinehomes.com PHONE #: 910.794.8699  
 PROJECT CONTACT PERSON: Staci Nicholson PHONE #: 794-8699

EXISTING CONSTRUCTION:  ALTERATION  RENOVATION  GENERAL REPAIRS  RELOCATION

NEW CONSTRUCTION:  ERECT NEW RESIDENCE or  ADDITION TO EXISTING RESIDENCE

\*\*PLEASE CHECK AND ANSWER BELOW ALL THAT APPLY TO YOUR PROJECT:

ATT GARAGE 450 SF  DET GARAGE \_\_\_\_\_ SF  PORCH 102 SF  
 SUNROOM \_\_\_\_\_ SF  POOL \_\_\_\_\_ SF  STORAGE SHED \_\_\_\_\_ SF  
 GREENHOUSE \_\_\_\_\_ SF  DECK \_\_\_\_\_ SF OTHER: \_\_\_\_\_ SF

TOTAL HEATED SQ FT: 1950 TOTAL SQ FT UNDER ROOF: 2502 TOTAL AREA SQ FT: 2502

TOTAL PROJECT COST (Less Lot) : \$ 120,000 # OF STORIES: 2

Is Any ELECTRICAL, PLUMBING or MECHANICAL Work Being Done to the Accessory Structure?  Yes  No  
 If the project is a Relocation, is there a Natural Gas Line on the Current Site?  Yes  No  
 Is there Electrical Power on this Building?  Yes  No

PROPERTY USE / OCCUPANCY:  SINGLE FAMILY  DUPLEX  TOWNHOUSE

DESCRIPTION OF WORK: New Residential Construction

DISCLAIMER: I hereby certify that all information in this application is correct and all work will comply with the State Building Code and all other applicable State and local laws and ordinances and regulations. The NHC Development Services Center will be notified of any changes in the approved plans and specifications or change in contractor or contractor information. \*\*\*NOTE: Any Work Performed W/O the Appropriate Permits will be in Violation of the NC State Building Code and Subject to Fines Up To \$500.00\*\*\*

OWNER/CONTRACTOR: Craig Stevens SIGNATURE: [Signature]  
(Print Name)

IS THE PROPERTY LOCATED IN A FLOODPLAIN?  YES  NO

EXISTING IMPERVIOUS AREA: 2087 SQ FT TOTAL ACRES DISTURBED: 1/3  
 NEW IMPERVIOUS AREA: 2087 SQ FT EXIST LAND DISTURBING PERMIT:  YES  NO

WATER:  CFPWA  COMMUNITY SYSTEM  PRIVATE WELL  CENTRAL WELL  
 SEWER:  CFPWA  CENTRAL SEPTIC  PRIVATE SEPTIC  COMMUNITY SYSTEM

\*\*\* SEPARATE PERMITS REQUIRED FOR ELECT, MECH, PLBG, GAS EQUIP, PREFABS & INSERTS \*\*\*

PAYMENT METHOD:  CASH  CHECK (PAYABLE TO NHC)  BILL ACCOUNT  MC/VISA  DISCOVER

(FOR OFFICE USE ONLY)

REVISED DATE 04/11/12

ZONE: \_\_\_\_\_ OFFICER: \_\_\_\_\_ SETBACKS: F: \_\_\_\_\_ LH: \_\_\_\_\_ RH: \_\_\_\_\_ B: \_\_\_\_\_

Approval: \_\_\_\_\_ City: \_\_\_\_\_ DATE: \_\_\_\_\_ FLOOD: \_\_\_\_\_ BFE+2ft= \_\_\_\_\_

Comment: \_\_\_\_\_ PERMIT FEE: \$ 1,114.00

NHC

2016-292

153602



# NEW HANOVER COUNTY BUILDING PERMIT

APPLICATION TYPE: RESIDENTIAL

PLEASE ANSWER ALL QUESTIONS APPLICABLE TO YOUR PROJECT

APPLICATION Number (Office Use)

### "Project Responsibility"

APPLICANT'S NAME: Stevens Fine Homes t/a Stevens Building Company DATE: 12/30/15  
 DEVELOPER: Torchwood Development Co. Inc PHONE #: 910-794-8699  
 PROJECT ADDRESS: 5570 Suncoast Drive CITY: Wilmington ZIP: 28411  
 SUBDIVISION: Village Park @ West Bay Estates BLOCK #: \_\_\_\_\_ LOT #: 42  
 PROPERTY OWNER'S NAME: Stevens Fine Homes PHONE #: 910-794-8699  
 OWNER'S ADDRESS: 5710 Oleander Dr. suite 200 CITY: Wilmington ST: NC ZIP: 28403  
 CONTRACTOR: Stevens Building Company LICENSE #: 31626 ACCOUNT #: 372  
 ADDRESS: 5710 Oleander Dr. 200 CITY: Wilmington ST: NC ZIP: 28403  
 EMAIL ADDRESS: Snicholson@stevensfinehomes.com PHONE #: \_\_\_\_\_  
 PROJECT CONTACT PERSON: Staci Nicholson PHONE #: 794-8699

EXISTING CONSTRUCTION:  ALTERATION  RENOVATION  GENERAL REPAIRS  RELOCATION

NEW CONSTRUCTION:  ERECT NEW RESIDENCE or  ADDITION TO EXISTING RESIDENCE

\*\*PLEASE CHECK AND ANSWER BELOW ALL THAT APPLY TO YOUR PROJECT:

ATT GARAGE 417 SF  DET GARAGE \_\_\_\_\_ SF  PORCH 85 SF  
 SUNROOM \_\_\_\_\_ SF  POOL \_\_\_\_\_ SF  STORAGE SHED \_\_\_\_\_ SF  
 GREENHOUSE \_\_\_\_\_ SF  DECK \_\_\_\_\_ SF OTHER: \_\_\_\_\_ SF

TOTAL HEATED SQ FT: 1997 TOTAL SQ FT UNDER ROOF: 2499 TOTAL AREA SQ FT: 2499

TOTAL PROJECT COST (Less Lot) : \$ 120,000 # OF STORIES: 2

Is Any ELECTRICAL, PLUMBING or MECHANICAL Work Being Done to the Accessory Structure?  Yes  No  
 If the project is a Relocation, is there a Natural Gas Line on the Current Site?  Yes  No  
 Is there Electrical Power on this Building?  Yes  No

PROPERTY USE / OCCUPANCY:  SINGLE FAMILY  DUPLEX  TOWNHOUSE

DESCRIPTION OF WORK: New residential construction

DISCLAIMER: I hereby certify that all information in this application is correct and all work will comply with the State Building Code and all other applicable State and local laws and ordinances and regulations. The NHC Development Services Center will be notified of any changes in the approved plans and specifications or change in contractor or contractor information. \*\*\*NOTE: Any Work Performed W/O the Appropriate Permits will be in Violation of the NC State Bldg Code and Subject to Fines Up To \$500.00\*\*\*

OWNER/CONTRACTOR: Craig Stevens SIGNATURE: \_\_\_\_\_  
 (Print Name)

IS THE PROPERTY LOCATED IN A FLOODPLAIN?  YES  NO

EXISTING IMPERVIOUS AREA: 1917 SQ FT TOTAL ACRES DISTURBED: 1/3  
 NEW IMPERVIOUS AREA: 1917 SQ FT EXIST LAND DISTURBING PERMIT:  YES  NO

WATER:  CFPUA  COMMUNITY SYSTEM  PRIVATE WELL  CENTRAL WELL  
 SEWER:  CFPUA  CENTRAL SEPTIC  PRIVATE SEPTIC  COMMUNITY SYSTEM

\*\*\* SEPARATE PERMITS REQUIRED FOR ELECT, MECH, PLBG, GAS EQUIP, PREFABS & INSERTS \*\*\*

PAYMENT METHOD:  CASH  CHECK (PAYABLE TO NHC)  BILL ACCOUNT  MC/VISA  DISCOVER

(FOR OFFICE USE ONLY) REVISED DATE 04/11/12

ZONE: \_\_\_\_\_ OFFICER: \_\_\_\_\_ SETBACKS: F: \_\_\_\_\_ LH: \_\_\_\_\_ RH: \_\_\_\_\_ B: \_\_\_\_\_

Approval: \_\_\_\_\_ City: \_\_\_\_\_ DATE: \_\_\_\_\_ FLOOD: \_\_\_\_\_ BFE+2ft= \_\_\_\_\_

Comment: \_\_\_\_\_ PERMIT FEE: \$ 1113.00



NHC

2016-294  
15-3603



# NEW HANOVER COUNTY BUILDING PERMIT

APPLICATION TYPE: RESIDENTIAL

PLEASE ANSWER ALL QUESTIONS APPLICABLE TO YOUR PROJECT

## "Project Responsibility"

APPLICATION  
Number  
(Office Use)

APPLICANT'S NAME: Stevens Fine Homes t/a Stevens Building Company DATE: 12/30/15  
 DEVELOPER: Torchwood Development Co. Inc PHONE #: 910-794-8699  
 PROJECT ADDRESS: 5556 Sun Coast Drive CITY: Wilmington ZIP: 28411  
 SUBDIVISION: Village Park @ West Bay Estates BLOCK #: \_\_\_\_\_ LOT #: 49  
 PROPERTY OWNER'S NAME: Stevens Fine Homes PHONE #: 910-794-8699  
 OWNER'S ADDRESS: 5710 Oleander Dr. suite 200 CITY: Wilmington ST: NC ZIP: 28403  
 CONTRACTOR: Stevens Building Company LICENSE #: 31626 ACCOUNT #: 372  
 ADDRESS: 5710 Oleander Dr. 200 CITY: Wilmington ST: NC ZIP: 28403  
 EMAIL ADDRESS: Snicholson@stevensfinehomes.com PHONE #: \_\_\_\_\_  
 PROJECT CONTACT PERSON: Staci Nicholson PHONE #: 794-8699

EXISTING CONSTRUCTION:  ALTERATION  RENOVATION  GENERAL REPAIRS  RELOCATION

NEW CONSTRUCTION:  ERECT NEW RESIDENCE or  ADDITION TO EXISTING RESIDENCE

\*\*PLEASE CHECK AND ANSWER BELOW ALL THAT APPLY TO YOUR PROJECT:

ATT GARAGE 450 SF  DET GARAGE \_\_\_\_\_ SF  PORCH 102 SF  
 SUNROOM \_\_\_\_\_ SF  POOL \_\_\_\_\_ SF  STORAGE SHED \_\_\_\_\_ SF  
 GREENHOUSE \_\_\_\_\_ SF  DECK \_\_\_\_\_ SF OTHER: \_\_\_\_\_ SF

TOTAL HEATED SQ FT: 1950 TOTAL SQ FT UNDER ROOF: 2502 TOTAL AREA SQ FT: 2502

TOTAL PROJECT COST (Less Lot) : \$ 120,000 # OF STORIES: 2

Is Any ELECTRICAL, PLUMBING or MECHANICAL Work Being Done to the Accessory Structure?  Yes  No

If the project is a Relocation, is there a Natural Gas Line on the Current Site?  Yes  No

Is there Electrical Power on this Building?  Yes  No

PROPERTY USE / OCCUPANCY:  SINGLE FAMILY  DUPLEX  TOWNHOUSE

DESCRIPTION OF WORK: New residential construction

DISCLAIMER: I hereby certify that all information in this application is correct and all work will comply with the State Building Code and all other applicable State and local laws and ordinances and regulations. The NHC Development Services Center will be notified of any changes in the approved plans and specifications or change in contractor or contractor information. \*\*\*NOTE: Any Work Performed W/O the Appropriate Permits will be in Violation of the NC State Bldg Code and Subject to Fines Up To \$500.00\*\*\*

OWNER/CONTRACTOR: Craig Stevens SIGNATURE: \_\_\_\_\_  
(Print Name)

IS THE PROPERTY LOCATED IN A FLOODPLAIN?  YES  NO

EXISTING IMPERVIOUS AREA: 2087 SQ FT TOTAL ACRES DISTURBED: 1/3  
 NEW IMPERVIOUS AREA: 2087 SQ FT EXIST LAND DISTURBING PERMIT:  YES  NO

WATER:  CFPUA  COMMUNITY SYSTEM  PRIVATE WELL  CENTRAL WELL  
 SEWER:  CFPUA  CENTRAL SEPTIC  PRIVATE SEPTIC  COMMUNITY SYSTEM

\*\*\* SEPARATE PERMITS REQUIRED FOR ELECT, MECH, PLBG, GAS EQUIP, PREFABS & INSERTS \*\*\*

PAYMENT METHOD:  CASH  CHECK (PAYABLE TO NHC)  BILL ACCOUNT  MC/VISA  DISCOVER

(FOR OFFICE USE ONLY)

REVISED DATE 04/11/12

ZONE: \_\_\_\_\_ OFFICER: \_\_\_\_\_ SETBACKS: F: \_\_\_\_\_ LH: \_\_\_\_\_ RH: \_\_\_\_\_ B: \_\_\_\_\_

Approval: \_\_\_\_\_ City: \_\_\_\_\_ DATE: \_\_\_\_\_ FLOOD: \_\_\_\_\_ BFE+2ft= \_\_\_\_\_  
A V N

Comment: \_\_\_\_\_ PERMIT FEE: \$ 1114.00

COUNTY

PEZ 15-3466  
2016-299



# NEW HANOVER COUNTY BUILDING PERMIT

APPLICATION TYPE: RESIDENTIAL

RECEIVED DEC 11 2015

PLEASE ANSWER ALL QUESTIONS APPLICABLE TO YOUR PROJECT

APPLICATION Number (Office Use)

## "Project Responsibility"

APPLICANT'S NAME: Bill Clark Homes of Wilmington, LLC DATE: 12/10/15  
 DEVELOPER: Bill Clark Homes of Wilmington, LLC PHONE #: 910.350.1744  
 PROJECT ADDRESS: 225 Royal Fern Rd. CITY: Wilmington ZIP: 28412  
 SUBDIVISION: River Oaks BLOCK #: LOT #: 2

PROPERTY OWNER'S NAME: Bill Clark Homes of Wilmington, LLC PHONE #: 910.350.1744  
 OWNER'S ADDRESS: 127 Racine Dr. Suite 201 CITY: Wilmington ST: NC ZIP: 28403

CONTRACTOR: Bill Clark Homes of Wilmington, LLC LICENSE #: 34586  
 ADDRESS: 127 Racine Dr. Suite 201 CITY: Wilmington ST: NC ZIP: 28403  
 EMAIL ADDRESS: rgill@billclarkhomes.com PHONE #: 910.350.1744

PROJECT CONTACT PERSON: Richard Gill/Bill Clark Homes of Wilmington, LLC PHONE #: 910.350.1744

EXISTING CONSTRUCTION:  ALTERATION  RENOVATION  GENERAL REPAIRS  RELOCATION

NEW CONSTRUCTION:  ERECT NEW RESIDENCE or  ADDITION TO EXISTING RESIDENCE

\*\*PLEASE CHECK AND ANSWER BELOW ALL THAT APPLY TO YOUR PROJECT:

- ATT GARAGE 686 SF  DET GARAGE SF  PORCH 181 SF
- SUNROOM SF  POOL SF  STORAGE SHED SF
- GREENHOUSE SF  DECK SF OTHER: Patio: 120 SF

TOTAL HEATED SQ FT: 2531 TOTAL SQ FT UNDER ROOF: 3398 TOTAL AREA SQ FT: 3518

TOTAL PROJECT COST (Less Lot) : \$ 164,530 # OF STORIES: 1 w/bon

Is Any ELECTRICAL, PLUMBING or MECHANICAL Work Being Done to the Accessory Structure?  Yes  No  
 If the project is a Relocation, is there a Natural Gas Line on the Current Site?  Yes  No  
 Is there Electrical Power on this Building?  Yes  No

PROPERTY USE / OCCUPANCY:  SINGLE FAMILY  DUPLEX  TOWNHOUSE

DESCRIPTION OF WORK: New construction of single family residence.

DISCLAIMER: I hereby certify that all information in this application is correct and all work will comply with the State Building Code and all other applicable State and local laws and ordinances and regulations. The NHC Development Services Center will be notified of any changes in the approved plans and specifications or change in contractor or contractor information. \*\*\*NOTE: Any Work Performed W/O the Appropriate Permits will be in Violation of the NC State Bldg Code and Subject to Fines Up To \$500.00\*\*\*

OWNER/CONTRACTOR: Richard Gill/BCH of Wilmington SIGNATURE: *[Signature]*  
 (Print Name)

\*\*\*\*\*

IS THE PROPERTY LOCATED IN A FLOODPLAIN?  YES  NO

EXISTING IMPERVIOUS AREA: 0 SQ FT TOTAL ACRES DISTURBED: .46  
 NEW IMPERVIOUS AREA: 4239 SQ FT EXIST LAND DISTURBING PERMIT:  YES  NO

WATER:  CFPWA  COMMUNITY SYSTEM  PRIVATE WELL  CENTRAL WELL *AQUA*  
 SEWER:  CFPWA  CENTRAL SEPTIC  PRIVATE SEPTIC  COMMUNITY SYSTEM *AQUA*

\*\*\* SEPARATE PERMITS REQUIRED FOR ELECT, MECH, PLBG, GAS EQUIP, PREFABS & INSERTS \*\*\*

PAYMENT METHOD:  CASH  CHECK (PAYABLE TO NHC)  AMERICAN EXPRESS  MC/VISA  DISCOVER

\*\*\*\*\*

(FOR OFFICE USE ONLY)

REVISED DATE 04/11/12

ZONE: OFFICER: SETBACKS: F: LH: RH: B:  
 Approval: City: DATE: FLOOD: A V N  
 BFE+2ft= \$ 1,510.00

2016-301  
PEZ 15-3468



# NEW HANOVER COUNTY BUILDING PERMIT

APPLICATION TYPE: RESIDENTIAL

PLEASE ANSWER ALL QUESTIONS APPLICABLE TO YOUR PROJECT

## "Project Responsibility"

APPLICATION  
Number  
(Office Use)

**APPLICANT'S NAME:** Bill Clark Homes of Wilmington, LLC **DATE:** 12/10/15  
**DEVELOPER:** Bill Clark Homes of Wilmington, LLC **PHONE #:** 910.350.1744  
**PROJECT ADDRESS:** 237 Royal Fern Rd. **CITY:** Wilmington **ZIP:** 28412  
**SUBDIVISION:** River Oaks **BLOCK #:** \_\_\_\_\_ **LOT #:** 5

**PROPERTY OWNER'S NAME:** Bill Clark Homes of Wilmington, LLC **PHONE #:** 910.350.1744  
**OWNER'S ADDRESS:** 127 Racine Dr. Suite 201 **CITY:** Wilmington **ST:** NC **ZIP:** 28403

**CONTRACTOR:** Bill Clark Homes of Wilmington, LLC **LICENSE #:** 34586  
**ADDRESS:** 127 Racine Dr. Suite 201 **CITY:** Wilmington **ST:** NC **ZIP:** 28403  
**EMAIL ADDRESS:** rgill@billclarkhomes.com **PHONE #:** 910.350.1744

**PROJECT CONTACT PERSON:** Richard Gill/Bill Clark Homes of Wilmington, LLC **PHONE #:** 910.350.1744

**EXISTING CONSTRUCTION:**  ALTERATION  RENOVATION  GENERAL REPAIRS  RELOCATION

**NEW CONSTRUCTION:**  ERECT NEW RESIDENCE or  ADDITION TO EXISTING RESIDENCE

\*\*PLEASE CHECK AND ANSWER BELOW ALL THAT APPLY TO YOUR PROJECT:

ATT GARAGE 558 SF  DET GARAGE SF  PORCH 238,160 SF  
 SUNROOM SF  POOL SF  STORAGE SHED 171 SF  
 GREENHOUSE SF  DECK SF OTHER: PATIO - 111 SF

**TOTAL HEATED SQ FT:** 3301 **TOTAL SQ FT UNDER ROOF:** 4428 **TOTAL AREA SQ FT:** 4539

**TOTAL PROJECT COST (Less Lot):** \$ 186,930 **# OF STORIES:** 2

Is Any ELECTRICAL, PLUMBING or MECHANICAL Work Being Done to the Accessory Structure?  Yes  No  
 If the project is a Relocation, is there a Natural Gas Line on the Current Site?  Yes  No  
 Is there Electrical Power on this Building?  Yes  No

**PROPERTY USE / OCCUPANCY:**  SINGLE FAMILY  DUPLEX  TOWNHOUSE

**DESCRIPTION OF WORK:** New construction of single family residence.

**DISCLAIMER:** I hereby certify that all information in this application is correct and all work will comply with the State Building Code and all other applicable State and local laws and ordinances and regulations. The NHC Development Services Center will be notified of any changes in the approved plans and specifications or change in contractor or contractor information. \*\*\*NOTE: Any Work Performed W/O the Appropriate Permits will be in Violation of the NC State Bldg Code and Subject to Fines Up To \$500.00\*\*\*

**OWNER/CONTRACTOR:** Richard Gill/BCH of Wilmington **SIGNATURE:** Richard Gill  
(Print Name)

\*\*\*\*\*  
**IS THE PROPERTY LOCATED IN A FLOODPLAIN?**  YES  NO

**EXISTING IMPERVIOUS AREA:** 0 **SQ FT** **TOTAL ACRES DISTURBED:** 1.05  
**NEW IMPERVIOUS AREA:** 3588 **SQ FT** **EXIST LAND DISTURBING PERMIT:**  YES  NO

**WATER:**  CFPUA  COMMUNITY SYSTEM  PRIVATE WELL  CENTRAL WELL **AQUA**   
**SEWER:**  CFPUA  CENTRAL SEPTIC  PRIVATE SEPTIC  COMMUNITY SYSTEM **AQUA**

\*\*\* SEPARATE PERMITS REQUIRED FOR ELECT, MECH, PLBG, GAS EQUIP, PREFABS & INSERTS \*\*\*

**PAYMENT METHOD:**  CASH  CHECK (PAYABLE TO NHC)  AMERICAN EXPRESS  MC/VISA  DISCOVER

\*\*\*\*\*

(FOR OFFICE USE ONLY)

REVISED DATE 04/11/12

**ZONE:** \_\_\_\_\_ **OFFICER:** \_\_\_\_\_ **SETBACKS: F:** \_\_\_\_\_ **LH:** \_\_\_\_\_ **RH:** \_\_\_\_\_ **B:** \_\_\_\_\_

**Approval:** \_\_\_\_\_ **City:** \_\_\_\_\_ **DATE:** \_\_\_\_\_ **FLOOD:** \_\_\_\_\_ **BFE+2ft=** \$1964.00  
 A V N

2016-302  
PEZ # 162

NHC



# NEW HANOVER COUNTY BUILDING PERMIT

APPLICATION TYPE: RESIDENTIAL

PLEASE ANSWER ALL QUESTIONS APPLICABLE TO YOUR PROJECT

"Project Responsibility"

APPLICATION  
Number  
(Office Use)

APPLICANT'S NAME: MDS CONSTRUCTION INC DATE: 1/4/16  
 DEVELOPER: A FEW PROPERTIES PHONE #: (910) 279-3139  
 PROJECT ADDRESS: 216 NEW WALES PARKE CITY: WIL ZIP: 28412  
 SUBDIVISION: MOTTS LANDING BLOCK #: \_\_\_\_\_ LOT #: 112  
 PROPERTY OWNER'S NAME: MDS CONST INC PHONE #: (910) 279-3139  
 OWNER'S ADDRESS: 1704 VERNAZZANO DR CITY: WIL ST: NC ZIP: 28405  
 CONTRACTOR: MDS CONST INC LICENSE #: 56074  
 ADDRESS: 1704 VERNAZZANO DR CITY: WIL ST: NC ZIP: 28405  
 EMAIL ADDRESS: MICHAEL STETTEN @ GMAIL.COM PHONE #: (910) 279-3139  
 PROJECT CONTACT PERSON: MIKE STETTEN PHONE #: 910 279-3139

EXISTING CONSTRUCTION:  ALTERATION  RENOVATION  GENERAL REPAIRS  RELOCATION

NEW CONSTRUCTION:  ERECT NEW RESIDENCE or  ADDITION TO EXISTING RESIDENCE

\*\*PLEASE CHECK AND ANSWER BELOW ALL THAT APPLY TO YOUR PROJECT:

ATT GARAGE 574 SF  DET GARAGE \_\_\_\_\_ SF  PORCH 489 SF  
 SUNROOM \_\_\_\_\_ SF  POOL \_\_\_\_\_ SF  STORAGE SHED \_\_\_\_\_ SF  
 GREENHOUSE \_\_\_\_\_ SF  DECK \_\_\_\_\_ SF OTHER: \_\_\_\_\_ SF

TOTAL HEATED SQ FT: 2351 TOTAL SQ FT UNDER ROOF: 3294 TOTAL AREA SQ FT: 3294

TOTAL PROJECT COST (Less Lot) : \$ 170,000 # OF STORIES: 1 1/2

Is Any ELECTRICAL, PLUMBING or MECHANICAL Work Being Done to the Accessory Structure?  Yes  No  
 If the project is a Relocation, is there a Natural Gas Line on the Current Site?  Yes  No  
 Is there Electrical Power on this Building?  Yes  No

PROPERTY USE / OCCUPANCY:  SINGLE FAMILY  DUPLEX  TOWNHOUSE

DESCRIPTION OF WORK: NEW HOME  
(TAX PARCEL ID R-07500-004-194-000)

DISCLAIMER: I hereby certify that all information in this application is correct and all work will comply with the State Building Code and all other applicable State and local laws and ordinances and regulations. The NHC Development Services Center will be notified of any changes in the approved plans and specifications or change in contractor or contractor information. \*\*\*NOTE: Any Work Performed W/O the Appropriate Permits will be in Violation of the NC State Bldg Code and Subject to Fines Up To \$500.00\*\*\*

OWNER/CONTRACTOR: MIKE STETTEN SIGNATURE: [Signature]  
(Print Name)

\*\*\*\*\*  
IS THE PROPERTY LOCATED IN A FLOODPLAIN?  YES  NO

EXISTING IMPERVIOUS AREA: 18,280 SQ FT TOTAL ACRES DISTURBED: .39  
NEW IMPERVIOUS AREA: 4484 SQ FT EXIST LAND DISTURBING PERMIT:  YES  NO

WATER:  CFPWA  COMMUNITY SYSTEM  PRIVATE WELL  CENTRAL WELL  
 SEWER:  CFPWA  CENTRAL SEPTIC  PRIVATE SEPTIC  COMMUNITY SYSTEM

\*\*\* SEPARATE PERMITS REQUIRED FOR ELECT, MECH, PLBG, GAS EQUIP, PREFABS & INSERTS \*\*\*

PAYMENT METHOD:  CASH  CHECK (PAYABLE TO NHC)  AMERICAN EXPRESS  MC/VISA  DISCOVER  
\*\*\*\*\*

(FOR OFFICE USE ONLY)

REVISED DATE 04/11/12

ZONE: \_\_\_\_\_ OFFICER: \_\_\_\_\_ SETBACKS: F: \_\_\_\_\_ LH: \_\_\_\_\_ RH: \_\_\_\_\_ B: \_\_\_\_\_  
Approval: \_\_\_\_\_ City: \_\_\_\_\_ DATE: \_\_\_\_\_ FLOOD: \_\_\_\_\_ BFE+2ft= \_\_\_\_\_  
A V N

Comment: \_\_\_\_\_ PERMIT FEE: \$ 1464.00

RECEIVED DEC 14 2015

2016-308

15-3473



NEW HANOVER COUNTY BUILDING PERMIT

APPLICATION TYPE: RESIDENTIAL

PLEASE ANSWER ALL QUESTIONS APPLICABLE TO YOUR PROJECT

"Project Responsibility"

APPLICATION Number (Office Use)

APPLICANT'S NAME: FS, L.L.C. dba RamJack DATE: 12/13/2015
DEVELOPER: PHONE #: 919-309-9727
PROJECT ADDRESS: 125 Gazebo Ct CITY: Wilmington ZIP: 28409
SUBDIVISION: Inlet Point Harbor PIN 313107.58.2670.000 BLOCK #: LOT #: 22
PROPERTY OWNER'S NAME: Carole Manzella PHONE #:
OWNER'S ADDRESS: 125 Gazebo Ct CITY: Wilmington ST: NC ZIP: 28409
CONTRACTOR: FS, L.L.C. dba RamJack LICENSE #: 53778
ADDRESS: 4122 Bennett Memorial Rd suite 304 CITY: Durham ST: NC ZIP: 27705
EMAIL ADDRESS: charlie@ramjackusa.com PHONE #: 919-309-9727
PROJECT CONTACT PERSON: Steve Calandrino PHONE #: 919-309-9727

EXISTING CONSTRUCTION: [ ] ALTERATION [ ] RENOVATION [x] GENERAL REPAIRS [ ] RELOCATION

NEW CONSTRUCTION: [ ] ERECT NEW RESIDENCE or [ ] ADDITION TO EXISTING RESIDENCE

\*\*PLEASE CHECK AND ANSWER BELOW ALL THAT APPLY TO YOUR PROJECT:

[ ] ATT GARAGE SF [ ] DET GARAGE SF [ ] PORCH SF
[ ] SUNROOM SF [ ] POOL SF [ ] STORAGE SHED SF
[ ] GREENHOUSE SF [ ] DECK SF OTHER: SF

TOTAL HEATED SQ FT: TOTAL SQ FT UNDER ROOF: TOTAL AREA SQ FT:

TOTAL PROJECT COST (Less Lot) : \$ 12,200.00 # OF STORIES:

Is Any ELECTRICAL, PLUMBING or MECHANICAL Work Being Done to the Accessory Structure? [ ] Yes [x] No
If the project is a Relocation, is there a Natural Gas Line on the Current Site? [ ] Yes [x] No
Is there Electrical Power on this Building? [x] Yes [ ] No

PROPERTY USE / OCCUPANCY: [x] SINGLE FAMILY [ ] DUPLEX [ ] TOWNHOUSE

DESCRIPTION OF WORK: install helical piers to stabilize foundation

DISCLAIMER: I hereby certify that all information in this application is correct and all work will comply with the State Building Code and all other applicable State and local laws and ordinances and regulations. The NHC Development Services Center will be notified of any changes in the approved plans and specifications or change in contractor or contractor information. \*\*\*NOTE: Any Work Performed W/O the Appropriate Permits will be in Violation of the NC State Bldg Code and Subject to Fines Up To \$500.00\*\*\*

OWNER/CONTRACTOR: Charles Lewis SIGNATURE: [Signature]

\*\*\*\*\* (Print Name) \*\*\*\*\*

IS THE PROPERTY LOCATED IN A FLOODPLAIN? [ ] YES [ ] NO

EXISTING IMPERVIOUS AREA: SQ FT TOTAL ACRES DISTURBED:
NEW IMPERVIOUS AREA: SQ FT EXIST LAND DISTURBING PERMIT: [ ] YES [ ] NO

WATER: [ ] CFPWA [ ] COMMUNITY SYSTEM [ ] PRIVATE WELL [ ] CENTRAL WELL
SEWER: [ ] CFPWA [ ] CENTRAL SEPTIC [ ] PRIVATE SEPTIC [ ] COMMUNITY SYSTEM

Agua ✓

\*\*\* SEPARATE PERMITS REQUIRED FOR ELECT, MECH, PLBG, GAS EQUIP, PREFABS & INSERTS \*\*\*

PAYMENT METHOD: [ ] CASH [ ] CHECK (PAYABLE TO NHC) [ ] AMERICAN EXPRESS [ ] MC/VISA [ ] DISCOVER

\*\*\*\*\*

(FOR OFFICE USE ONLY)

REVISED DATE 04/11/12

ZONE: OFFICER: SETBACKS: F: LH: RH: B:

Approval: City: DATE: FLOOD: BFE+2ft=

Comment: PERMIT FEE: \$ 85100

CE  
CFPUA

~~PE 215-3599~~  
2014-326



# NEW HANOVER COUNTY BUILDING PERMIT

APPLICATION TYPE: COMMERCIAL

PLEASE ANSWER ALL QUESTIONS APPLICABLE TO YOUR PROJECT  
"Project Responsibility"

APPLICATION  
Number  
(Office Use)

APPLICANT'S NAME: MATTHEW FOX DATE: 12/30/2015  
 DEVELOPER: \_\_\_\_\_ PHONE #: 910-599-8581  
 PROJECT ADDRESS: 902 LITCHFIELD WAY CITY: WILMINGTON ZIP: 28405  
 OCCUPANT/BUSINESS NAME: CAPE COTTAGES CONDO  
 PROPERTY OWNER'S NAME: CAPE COTTAGES CONDOMINIUMS PHONE #: 910-794-2570  
 OWNER'S ADDRESS: 825 LENNON DR CITY: WILMINGTON ST: NC ZIP: 28405  
 CONTRACTOR: M FOX CONSTRUCTION, INC. LICENSE #: 68171  
 ADDRESS: 2840 S. COLLEGE RD CITY: WILMINGTON ST: NC ZIP: 28412  
 EMAIL ADDRESS: foxconstructionmf@gmail.com PHONE #: 910-599-8581  
 PROJECT CONTACT PERSON: MATTHEW FOX PHONE #: 910-599-8581

(Check All That Apply)

EXIST CONSTRUCTION:  ALTERATION  RENOVATION  GENERAL REPAIRS  RELOCATION  
 If Relocation, is there a Natural Gas Line on the Current Site?  Yes  No IS BLDG SPRINKLERED?  Yes  No  
 NEW CONSTRUCTION:  ERECT NEW STRUCTURE  FAST TRACK  SHELL  UPFIT  ADD TO EXIST STRUCTURE  
 ACCESSORY STRUCTURE: \_\_\_\_\_

If UPFIT - The Shell Permit #: \_\_\_\_\_ Is Elect Power on this Building  Yes  NO

\*\*\*\* IS THIS A CHANGE OF OCCUPANCY USE?  YES  NO \*\*\*\*

If Yes, what was the Previous Occupancy Type? \_\_\_\_\_ What is the New Occupancy Type? \_\_\_\_\_

ARCH DESIGN PROFESSIONAL: \_\_\_\_\_ PH: \_\_\_\_\_ NC REG #: \_\_\_\_\_  
 ENGR DESIGN PROFESSIONAL: \_\_\_\_\_ PH: \_\_\_\_\_ NC REG #: \_\_\_\_\_

DESCRIPTION OF WORK: FIRE/WATER RESTORATION \* Plans see referenced only

Is food or beverages prepared or served in this structure?  Yes  No Is The Property Located In The Floodplain?  Yes  No

DISCLAIMER: I hereby certify that all information in this application is correct and all work will comply with the State Building Code and all other applicable State and local laws and ordinances and regulations. The NHC Development Services Center will be notified of any changes in the approved plans and specifications or change in contractor or contractor information. \*\*NOTE: Any Work Performed W/O the Appropriate Permits will be in Violation of the NC State Bldg Code and Subject to Fines Up To \$500.00\*\*

OWNER/CONTRACTOR: MATTHEW FOX SIGNATURE: \_\_\_\_\_

(Qualifier) (Print Name)

Note: Demolition notifications & asbestos removal permit applications are to be submitted using the application form (DHHS-3768) whether the facility or building was found to contain Asbestos or not. You are required to call the National Emission Standards for Hazardous Air Pollutants (NESHAP) at (919)707-5950 at least 10 days prior to the demolition of any facility or building. See Asbestos Web Site: <http://www.epa.state.nc.us/epiasbestos/ahmp.html>

TOTAL PROJECT COST: \$200,000.00 BUILDING HEIGHT: 30FT # OF UNITS: 6  
 TOTAL AREA SQ FT: 5000 SQ FT PER FLR: 1675 # OF STORIES: 3  
 TOTAL SQ FT UNDER ROOF: 5000 # OF STRUCTURES: \_\_\_\_\_ # OF FLOORS: 3

ACRES DISTURBED: \_\_\_\_\_ EXST LAND DISTURBING PERMIT?  YES  NO  
 NEW IMPERVIOUS AREA: \_\_\_\_\_ SQ FT EXISTING IMPERVIOUS AREA: \_\_\_\_\_ SQ FT

PROPERTY USE:  OFFICE  RESTAURANT  MERCANTILE  EDUC  APT  CONDO OTHER: \_\_\_\_\_

WATER:  CFPUA  COMMUNITY SYSTEM  WELL  ZONING USE CLASSIFICATION: \_\_\_\_\_  
 SEWER:  CFPUA  CENTRAL SEPTIC  PRIVATE SEPTIC  COMMUNITY SYSTEM

PAYMENT METHOD:  CASH  CHECK (PAYABLE TO NHC)  AMERICAN EXPRESS  MC/VISA  DISCOVER

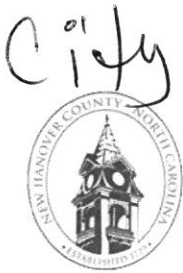
(FOR OFFICE USE ONLY)

REVISED DATE 4/11/12

ZONE: MEM OFFICER: [Signature] SETBACKS: F: N/A LH: N/A RH: N/A B: N/A  
 Approval: \_\_\_\_\_ City: \_\_\_\_\_ DATE: 1-5-16 FLOOD: \_\_\_\_\_  BFE+2ft= \_\_\_\_\_

Comment: No change to footprint or density PERMIT FEE: \$ \_\_\_\_\_

*Decision Review 1/20/16*  
*increase.*



NEW HANOVER COUNTY BUILDING PERMIT

APPLICATION TYPE: COMMERCIAL

PLEASE ANSWER ALL QUESTIONS APPLICABLE TO YOUR PROJECT

"Project Responsibility"

PE 215-3599
2016-326

APPLICATION Number (Office Use)

APPLICANT'S NAME: MATTHEW FOX DATE: 12/30/2015
DEVELOPER: PHONE #: 910-599-8581
PROJECT ADDRESS: 902 LITCHFIELD WAY CITY: WILMINGTON ZIP: 28405
OCCUPANT/BUSINESS NAME: CAPE COTTAGES CONDO
PROPERTY OWNER'S NAME: CAPE COTTAGES CONDOMINIUMS PHONE #: 910-794-2570
OWNER'S ADDRESS: 825 LENNON DR CITY: WILMINGTON ST: NC ZIP: 28405
CONTRACTOR: M FOX CONSTRUCTION, INC. LICENSE #: 68171
ADDRESS: 2840 S. COLLEGE RD CITY: WILMINGTON ST: NC ZIP: 28412
EMAIL ADDRESS: foxconstructionmf@gmail.com PHONE #: 910-599-8581
PROJECT CONTACT PERSON: MATTHEW FOX PHONE #: 910-599-8581

(Check All That Apply)

EXIST CONSTRUCTION: ALTERATION RENOVATION GENERAL REPAIRS RELOCATION
If Relocation, is there a Natural Gas Line on the Current Site? Yes No IS BLDG SPRINKLERED? Yes No
NEW CONSTRUCTION: ERECT NEW STRUCTURE FAST TRACK SHELL UPFIT ADD TO EXIST STRUCTURE
ACCESSORY STRUCTURE:

If UPFIT - The Shell Permit #: Is Elect Power on this Building Yes No

\*\*\*\*\* IS THIS A CHANGE OF OCCUPANCY USE? YES NO \*\*\*\*\*

IF Yes, what was the Previous Occupancy Type? What is the New Occupancy Type?

ARCH DESIGN PROFESSIONAL: PH: NC REG #:
ENGR DESIGN PROFESSIONAL: PH: NC REG #:

DESCRIPTION OF WORK: FIRE/WATER RESTORATION \* PLANS FOR REFERENCE ONLY

Is food or beverages prepared or served in this structure? Yes No Is The Property Located In The Floodplain? Yes No

DISCLAIMER: I hereby certify that all information in this application is correct and all work will comply with the State Building Code and all other applicable State and local laws and ordinances and regulations. The NHC Development Services Center will be notified of any changes in the approved plans and specifications or change in contractor or contractor information. \*\*\*NOTE: Any Work Performed W/O the Appropriate Permits will be in Violation of the NC State Bldg Code and Subject to Fines Up To \$500.00\*\*\*

OWNER/CONTRACTOR: MATTHEW FOX SIGNATURE:
(Qualifier) (Print Name)

Note: Demolition notifications & asbestos removal permit applications are to be submitted using the application form (DHHS-3768) whether the facility or building was found to contain Asbestos or not. You are required to call the National Emission Standards for Hazardous Air Pollutants (NESHAP) at (919)707-5950 at least 10 days prior to the demolition of any facility or building. See Asbestos Web Site: http://www.epi.state.nc.us/epi/asbestos/ahmp.html

TOTAL PROJECT COST: \$200,000.00 BUILDING HEIGHT: 30FT # OF UNITS: 6
TOTAL AREA SQ FT: 5000 SQ FT PER FLR: 1675 # OF STORIES: 3
TOTAL SQ FT UNDER ROOF: 5000 # OF STRUCTURES: # OF FLOORS: 3

ACRES DISTURBED: EXST LAND DISTURBING PERMIT? YES NO
NEW IMPERVIOUS AREA: SQ FT EXISTING IMPERVIOUS AREA: SQ FT

PROPERTY USE: OFFICE RESTAURANT MERCANTILE EDUC APT CONDO OTHER:
WATER: CFPUA COMMUNITY SYSTEM WELL ZONING USE CLASSIFICATION:
SEWER: CFPUA CENTRAL SEPTIC PRIVATE SEPTIC COMMUNITY SYSTEM

\*\*\* SEPARATE PERMITS REQUIRED FOR ELECT, MECH, PLBG, GAS EQUIP, PREFABS & INSERTS \*\*\*

PAYMENT METHOD: CASH CHECK (PAYABLE TO NHC) AMERICAN EXPRESS MC/VISA DISCOVER

\*\*\*\*\*

(FOR OFFICE USE ONLY)

REVISED DATE 4/11/12

ZONE: OFFICER: SETBACKS: F: LH: RH: B:
Approval: City: DATE: FLOOD: BFE+2ft=

A V N

Comment PERMIT FEE: \$1,002.00

2016-333

NEW HANOVER COUNTY BUILDING PERMIT

~~15-3561~~



APPLICATION TYPE: COMMERCIAL

PLEASE ANSWER ALL QUESTIONS APPLICABLE TO YOUR PROJECT

"Project Responsibility"

APPLICATION Number (Office Use)

APPLICANT'S NAME: Delphi Construction - Dino Psilos DATE: 12/18/15
DEVELOPER: Delphi Construction PHONE #: 704.640.7441
PROJECT ADDRESS: 7210 Wrightsville Ave CITY: Wilmington ZIP: 28403
OCCUPANT/BUSINESS NAME: Existing - Ceviche's Restaurant
PROPERTY OWNER'S NAME: Hunter Tibbler PHONE #: 910.916.0005
OWNER'S ADDRESS: 105 Parmele Blvd CITY: Wrightsville Beach ST: NC ZIP: 28480
CONTRACTOR: Delphi Construction LICENSE #: 32659
ADDRESS: 265 Racine Dr Suite 205 CITY: Wilmington ST: NC ZIP: 28403
EMAIL ADDRESS: mbrisson86@gmail.com PHONE #: 704.640.7441
PROJECT CONTACT PERSON: Mike Brisson PHONE #: 704.640.7441

(Check All That Apply)

EXIST CONSTRUCTION: [X] ALTERATION [X] RENOVATION [ ] GENERAL REPAIRS [ ] RELOCATION
If Relocation, is there a Natural Gas Line on the Current Site? [ ] Yes [ ] No IS BLDG SPRINKLERED? [ ] Yes [X] No
NEW CONSTRUCTION: [ ] ERECT NEW STRUCTURE [ ] FAST TRACK [ ] SHELL [X] UPFIT [ ] ADD TO EXIST STRUCTURE
ACCESSORY STRUCTURE:
If UPFIT - The Shell Permit #: n/a existing Is Elect Power on this Building [X] Yes [ ] NO

\*\*\*\*\* IS THIS A CHANGE OF OCCUPANCY USE? [X] YES [ ] NO \*\*\*\*\*

IF Yes, what was the Previous Occupancy Type? Mercantile What is the New Occupancy Type? Restaurant
ARCH DESIGN PROFESSIONAL: Bob Romero PH: 910.226.3137 NC REG #: 12520
ENGR DESIGN PROFESSIONAL: Greg McDowell PH: 910.270.3747 NC REG #: 018518

DESCRIPTION OF WORK: Reno. existing restaurant space and dining/kitchen Expansion into adjacent unit.

Is food or beverages prepared or served in this structure? [X] Yes [ ] No Is The Property Located In The Floodplain? [X] Yes [ ] No

DISCLAIMER: I hereby certify that all information in this application is correct and all work will comply with the State Building Code and all other applicable State and local laws and ordinances and regulations. The NHC Development Services Center will be notified of any changes in the approved plans and specifications or change in contractor or contractor information. \*\*\*NOTE: Any Work Performed W/O the Appropriate Permits will be in Violation of the NC State Bldg Code and Subject to Fines Up To \$500.00\*\*\*

OWNER/CONTRACTOR: Dino Psilos SIGNATURE: [Signature]
(Qualifier) (Print Name)

Note: Demolition notifications & asbestos removal permit applications are to be submitted using the application form (DHHS-3758) whether the facility or building was found to contain Asbestos or not. You are required to call the National Emission Standards for Hazardous Air Pollutants (NESHAP) at (919)707-5950 at least 10 days prior to the demolition of any facility or building. See Asbestos Web Site: www.epa.state.nc.us/epahost/asbestos.html

TOTAL PROJECT COST: 135000 BUILDING HEIGHT: ex - 7'-16" # OF UNITS: 2 - existing
TOTAL AREA SQ FT: 1985 SQ FT PER FLR: 1985 # OF STORIES: 1 - existing
TOTAL SQ FT UNDER ROOF: existing # OF STRUCTURES: 1 - existing # OF FLOORS: 1 - existing

ACRES DISTURBED: 0 - none EXIST LAND DISTURBING PERMIT? [X] YES [ ] NO
NEW IMPERVIOUS AREA: existing - no change SQ FT EXISTING IMPERVIOUS AREA: existing - no change SQ FT

PROPERTY USE: [ ] OFFICE [X] RESTAURANT [ ] MERCANTILE [ ] EDUC [ ] APT [ ] CONDO OTHER:

WATER: [X] CFPWA [ ] COMMUNITY SYSTEM [ ] WELL [ ] ZONING USE CLASSIFICATION:
SEWER: [X] CFPWA [ ] CENTRAL SEPTIC [ ] PRIVATE SEPTIC [ ] COMMUNITY SYSTEM

PAYMENT METHOD: [ ] CASH [ ] CHECK (PAYABLE TO NHC) [ ] AMERICAN EXPRESS [ ] MCVISA [ ] DISCOVER

FLOOD ZONE

(FOR OFFICE USE ONLY)

REVISED DATE 4/11/12

ZONE: CB OFFICER: ERM SETBACKS: F: N/A LH: N/A RH: N/A B: N/A
Approval: OK City: WILM DATE: 1/11/16 FLOOD: AE12 BFE+2ft = 14' (preliminary)

Comment: Must maintain 26 parking spaces on site (22 are required) + 4 handicapped spaces. See attached permit conditions. PERMIT FEE: \$



No Fire  
No CPPUA

TBB Bus.

15-3604

2016-339



# NEW HANOVER COUNTY BUILDING PERMIT

APPLICATION TYPE: COMMERCIAL

PLEASE ANSWER ALL QUESTIONS APPLICABLE TO YOUR PROJECT

"Project Responsibility"

APPLICATION  
Number  
(Office Use)

APPLICANT'S NAME: Jodie Gray DATE: 12-31-15  
 DEVELOPER: N/A PHONE #: N/A  
 PROJECT ADDRESS: 219 S. College Rd CITY: Wil ZIP: 28406  
 OCCUPANT/BUSINESS NAME: Newirth Motors  
 PROPERTY OWNER'S NAME: John Gillilan PHONE #: 910 799 1815  
 OWNER'S ADDRESS: 219 South College Rd CITY: Wil ST: NC ZIP: 28406  
 CONTRACTOR: WYNDHAM CONSTRUCTION LICENSE #: N/A  
 ADDRESS: 115 Wyndham Way CITY: Wil ST: NC ZIP: 28411  
 EMAIL ADDRESS: jjgcbgray@yahoo.com PHONE #: 910 524 3537  
 PROJECT CONTACT PERSON: Jodie Gray PHONE #: SAME

(Check All That Apply)

EXIST CONSTRUCTION:  ALTERATION  RENOVATION  GENERAL REPAIRS  RELOCATION  
 If Relocation, is there a Natural Gas Line on the Current Site?  Yes  No IS BLDG SPRINKLERED?  Yes  No  
 NEW CONSTRUCTION:  ERECT NEW STRUCTURE  FAST TRACK  SHELL  UPFIT  ADD TO EXIST STRUCTURE  
 ACCESSORY STRUCTURE: N/A

If UPFIT - The Shell Permit #: N/A Is Elect Power on this Building  Yes  NO

\*\*\*\*\* IS THIS A CHANGE OF OCCUPANCY USE?  YES  NO \*\*\*\*\*

IF Yes, what was the Previous Occupancy Type? N/A What is the New Occupancy Type? N/A

ARCH DESIGN PROFESSIONAL: N/A PH: \_\_\_\_\_ NC REG #: \_\_\_\_\_  
 ENGR DESIGN PROFESSIONAL: N/A PH: \_\_\_\_\_ NC REG #: \_\_\_\_\_

DESCRIPTION OF WORK: Demo part of Sales Tower / ADD 13' Additional Feet

Is food or beverages prepared or served in this structure?  Yes  No Is The Property Located In The Floodplain?  Yes  No

DISCLAIMER: I hereby certify that all information in this application is correct and all work will comply with the State Building Code and all other applicable State and local laws and ordinances and regulations. The NHC Development Services Center will be notified of any changes in the approved plans and specifications or change in contractor or contractor information. \*\*\*NOTE: Any Work Performed W/O the Appropriate Permits will be in Violation of the NC State Bldg Code and Subject to Fines Up To \$500.00\*\*\*

OWNER/CONTRACTOR: Jodie Gray SIGNATURE: [Signature]

Note: Demolition notifications & asbestos removal permit applications are to be submitted using the application form (DHHS-3768) whether the facility or building was found to contain Asbestos or not. You are required to call the National Emission Standards for Hazardous Air Pollutants (NESHAP) # (919)707-5950 at least 10 days prior to the demolition of any facility or building. See Asbestos Web Site: <http://www.epi.state.nc.us/epi/asbestos/ahmp.html>

TOTAL PROJECT COST: 29,000 BUILDING HEIGHT: 12'-18' # OF UNITS: 1  
 TOTAL AREA SQ FT: \_\_\_\_\_ SQ FT PER FLR: \_\_\_\_\_ # OF STORIES: 1  
 TOTAL SQ FT UNDER ROOF: \_\_\_\_\_ # OF STRUCTURES: 1 # OF FLOORS: 1

ACRES DISTURBED: N/A EXST LAND DISTURBING PERMIT?  YES  NO  
 NEW IMPERVIOUS AREA: N/A SQ FT EXISTING IMPERVIOUS AREA: N/A SQ FT

PROPERTY USE:  OFFICE  RESTAURANT  MERCANTILE  EDUC  APT  CONDO OTHER: Car Dealership

WATER:  CFPUA  COMMUNITY SYSTEM  WELL  ZONING USE CLASSIFICATION: \_\_\_\_\_  
 SEWER:  CFPUA  CENTRAL SEPTIC  PRIVATE SEPTIC  COMMUNITY SYSTEM

\*\*\* SEPARATE PERMITS REQUIRED FOR ELECT, MECH, PLBG, GAS EQUIP, PREFABS & INSERTS \*\*\*

PAYMENT METHOD:  CASH  CHECK (PAYABLE TO NHC)  AMERICAN EXPRESS  MCVISA  DISCOVER

ZONE: RB OFFICER: [Signature] (FOR OFFICE USE ONLY) SETBACKS: F: N/A LH: N/A RH: N/A B: N/A REVISED DATE 4/11/12

Approval: \_\_\_\_\_ City: \_\_\_\_\_ DATE: 12-31-15 FLOOD: \_\_\_\_\_ BFE+2ft= \_\_\_\_\_

Comment: No expansion or change in use. PERMIT FEE: \$ \_\_\_\_\_

see  
Info  
on  
back

City Inspection Required, 910-254-0900