



NEW HANOVER COUNTY BUILDING PERMIT

RECEIVED OCT 25 2016

APPLICATION TYPE: RESIDENTIAL

RECEIVED OCT 25 2016

PLEASE ANSWER ALL QUESTIONS APPLICABLE TO YOUR PROJECT

"Project Responsibility"

Handwritten: H6-3009, 2016-109114, Application Number (office use)

APPLICANT'S NAME: william holloway Date: 10-18-2016
PROJECT ADDRESS: 3206 monticello ct CITY: wilmington ZIP: 28405
SUBDIVISION: north chase LOT #:

PROPERTY OWNER'S NAME: anthony maguire PHONE #: 910-431-1073
OWNER'S ADDRESS: 3206 monticello ct CITY: wilmington ZIP: 28405

CONTRACTOR: jwh builders, llc BLDG LICENSE #: 72248
ADDRESS: 129 maypop ln CITY: wilmington ST: nc ZIP: 28412
EMAIL ADDRESS: jwhbuilders@yahoo.com PHONE: 910-726-4831

PROJECT CONTACT PERSON: william holloway PHONE: 910-726-4831

EXISTING CONSTRUCTION: [X] Alteration [] Renovation [] General Repairs

NEW CONSTRUCTION: [] Erect New Residence [] Addition to Existing Residence [] Relocation

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)

Is the proposed work changing the existing footprint? [] Yes [X] No

TOTAL SQ FT UNDER ROOF (for proposed work) Heated: 480 Unheated:

TOTAL PROJECT COST (Less Lot): \$25000.00

Is the proposed work changing the number of bedrooms? [X] Yes [] No

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? [X] Yes [] No

Property Use/ Occupancy: [X] Single Family [] Duplex [] Townhouse

Description of Work: demo existing frog with a 7 ft. ceiling hgt.; build new frog with 8 ft. ceiling hgt.; add bathroom, bedroom, re

DISCLAIMER: I hereby certify that all the 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 information. ***NOTE: Any work performed without the appropriate permits will be in violation of the NC State Bldg Code and subject to fines up to \$500.00***

Owner/Contractor: j.w. holloway Signature:
"Licensed Qualifier" Print Name

Is the property located in a floodplain? [] Yes [X] No

Existing Impervious Area: Sq Ft Total Acres Disturbed:

New Impervious Area: Sq Ft Existing Land Disturbing Permit: [] Yes [] No

WATER: [X] CFPUA [] Community System [] Private Well [] Central Well [] Aqua

SEWER: [X] CFPUA [] Community System [] Private Septic [] Central Septic [] Aqua

Zone: Officer: Setbacks (F) (LH) (RH) (B)

Approval: City: Date: Flood: (A) (V) (N) BFE+2ft=

Comment: Permit Fee: \$

Handwritten: \$440



RECEIVED NOV - 2 2016
NEW HANOVER COUNTY BUILDING PERMIT

Email

Print

2016 10918

16-3077

Application Number (office use)

APPLICATION TYPE: RESIDENTIAL

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

APPLICANT'S NAME: Jason Walker Date: 11/1/2016
PROJECT ADDRESS: 408 Jenoa Drive CITY: Castle Hayne ZIP: _____
SUBDIVISION: River Bluffs LOT #: 136

PROPERTY OWNER'S NAME: Chris Niedermayer PHONE #: 703-862-6792
OWNER'S ADDRESS: 192 Hemlock Forest CITY: Mineral, VA ZIP: 23117

CONTRACTOR: Carolina Creations Landscape, Inc BLDG LICENSE #: 73105
ADDRESS: P.O. Box 2327 CITY: Shallotte ST: NC ZIP: 28459
EMAIL ADDRESS: jwalker@carolinacreations.biz PHONE: 910-755-6411

PROJECT CONTACT PERSON: Jason Walker PHONE: 910-755-6411

EXISTING CONSTRUCTION: Alteration Renovation General Repairs

NEW CONSTRUCTION: Erect New Residence Addition to Existing Residence Relocation

PLEASE CHECK AND ANSWER BELOW ALL THAT APPLY TO YOUR PROJECT

- Att Garage (SF) _____
- Sunroom (SF) _____
- Greenhouse (SF) _____
- Det Garage (SF) _____
- Pool (SF) 225
- Deck (SF) _____
- Porch (SF) _____
- Storage Shed (SF) _____
- Other (SF) _____

Is the proposed work changing the existing footprint? Yes No

TOTAL SQ FT UNDER ROOF (for proposed work) Heated: na Unheated: na

TOTAL PROJECT COST (Less Lot): \$84,400

Is the proposed work changing the number of bedrooms? Yes No

Is any Electrical, Plumbing or Mechanical work being done to the Accessory Structure Yes No

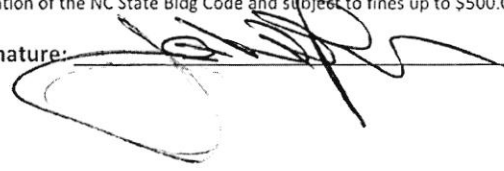
If the project is a Relocation, is there a Natural Gas Line on the current site? Yes No

Is there Electrical Power on this Building? Yes No

Property Use/ Occupancy: Single Family Duplex Townhouse

Description of Work: Install a 12'x25' fiberglass pool w/spa, 975 sf of concrete pool decking, 42'x30' screened enclosure for pool.

DISCLAIMER: I hereby certify that all the 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 information. ***NOTE: Any work performed without the appropriate permits will be in violation of the NC State Bldg Code and subject to fines up to \$500.00***

Owner/Contractor: Jason Walker Signature: 
"Licensed Qualifier" Print Name

Is the property located in a floodplain? Yes No

Existing Impervious Area: 3250 Sq Ft Total Acres Disturbed: _____

New Impervious Area: 975 Sq Ft Existing Land Disturbing Permit: Yes No

WATER: CFPWA Community System Private Well Central Well Aqua

SEWER: CFPWA Community System Private Septic Central Septic Aqua

Zone: _____ Officer: _____ Setbacks (F) _____ (LH) _____ (RH) _____ (B) _____

Approval: _____ City: _____ Date: _____ Flood: (A) _____ (V) _____ (N) _____ BFE+2ft= _____

Comment: _____ Permit Fee: \$ 75

Fire
CZ

2016-10924



NEW HANOVER COUNTY BUILDING PERMIT

16-3065

APPLICATION TYPE: COMMERCIAL

PLEASE ANSWER ALL QUESTIONS APPLICABLE TO YOUR PROJECT

"Project Responsibility"

APPLICATION
Number
(Office Use)

APPLICANT'S NAME: Yates Chambliss DATE: 10.18.2016

DEVELOPER: _____ PHONE #: _____

PROJECT ADDRESS: 2250 Shipyard Boulevard Suite 14 CITY: Wilmington ZIP: 28403

OCCUPANT/BUSINESS NAME: Bozart Family Dentistry

PROPERTY OWNER'S NAME: 2250 Shipyard LLC c/o Bill Cameron PHONE #: 910.762.2676

OWNER'S ADDRESS: 1201 Glen Meade Road CITY: Wilmington ST: NC ZIP: 28403

CONTRACTOR: Chambliss & Rabil LICENSE #: 15825

ADDRESS: 6426-C Windmill Way CITY: Wilmington ST: NC ZIP: 28405

EMAIL ADDRESS: yates@chambliss-rabil.com PHONE #: _____

PROJECT CONTACT PERSON: Yates Chambliss PHONE #: (910)231-3176

(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: L. Mark Loudermilk, AIA PH: 910.341.7600 NC REG #: 10776

ENGR DESIGN PROFESSIONAL: Sid A. Bendahmane, PE PH: 910.470.9687 NC REG #: 12918

DESCRIPTION OF WORK: new tenant layout

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: Yates Chambliss SIGNATURE: [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 (NESHA) 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: 200K BUILDING HEIGHT: _____ # OF UNITS: _____

TOTAL AREA SQ FT: 2,959 SQ FT PER FLR: _____ # OF STORIES: _____

TOTAL SQ FT UNDER ROOF: _____ # OF STRUCTURES: _____ # OF FLOORS: _____

ACRES DISTURBED: 0 EXST LAND DISTURBING PERMIT? YES NO

NEW IMPERVIOUS AREA: 0 SQ FT EXISTING IMPERVIOUS AREA: _____ SQ FT

PROPERTY USE: OFFICE RESTAURANT MERCANTILE EDUC APT CONDO OTHER: _____

WATER: CFPWA COMMUNITY SYSTEM WELL ZONING USE CLASSIFICATION: _____

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 4/11/12

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

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

A V N

Comment _____ PERMIT FEE: \$ 940-



NEW HANOVER COUNTY BUILDING PERMIT

APPLICATION TYPE: RESIDENTIAL

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

2016-10925

16-3120

Application Number (office use)

APPLICANT'S NAME: PORCH CONVERSION Date: 11-04-16
PROJECT ADDRESS: 2 OAK LANDING ROAD CITY: WILMINGTON ZIP: 28409
SUBDIVISION: OAK LANDING TOWNHOUSES LOT #: 2

PROPERTY OWNER'S NAME: ROGER & PATRICIA LOWERY PHONE #: 910-297-3420
OWNER'S ADDRESS: 2 OAK LANDING ROAD CITY: WILMINGTON ZIP: 28409

CONTRACTOR: PORCH CONVERSION BLDG LICENSE #: N/A < 30K
ADDRESS: 6821 MARKET STREET CITY: WILMINGTON ST: NC ZIP: 28409
EMAIL ADDRESS: porchconversion@gmail.com PHONE: 910-777-3363

PROJECT CONTACT PERSON: Sherri Britt PHONE: 910-777-3363

EXISTING CONSTRUCTION: Alteration Renovation General Repairs

NEW CONSTRUCTION: Erect New Residence Addition to Existing Residence Relocation

PLEASE CHECK AND ANSWER BELOW ALL THAT APPLY TO YOUR PROJECT

- | | | |
|---|--|--|
| <input type="checkbox"/> Att Garage (SF) _____ | <input type="checkbox"/> Det Garage (SF) _____ | <input type="checkbox"/> Porch (SF) _____ |
| <input checked="" type="checkbox"/> Sunroom (SF) <u>197</u> | <input type="checkbox"/> Pool (SF) _____ | <input type="checkbox"/> Storage Shed (SF) _____ |
| <input type="checkbox"/> Greenhouse (SF) _____ | <input type="checkbox"/> Deck (SF) _____ | <input type="checkbox"/> Other (SF) _____ |

Is the proposed work changing the existing footprint? Yes No

TOTAL SQ FT UNDER ROOF (for proposed work) Heated: 197 Unheated: _____

TOTAL PROJECT COST (Less Lot): \$ 12,025

Is the proposed work changing the number of bedrooms? Yes No

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

City Inspection Required: 910-254-0500

Property Use/ Occupancy: Single Family Duplex Townhouse

Description of Work: enclose and existing screen porch with sunroom wall system and windows

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Owner/Contractor: Agent Jeremy Martin Signature: _____
"Licensed Qualifier" Print Name

Is the property located in a floodplain? Yes No

Existing Impervious Area: 2696 Sq Ft

Total Acres Disturbed: 0

New Impervious Area: 0 Sq Ft

Existing Land Disturbing Permit: Yes No

WATER: CFPWA Community System Private Well Central Well Aqua

SEWER: CFPWA Community System Private Septic Central Septic Aqua

Zone: R-20 Officer: [Signature] Setbacks (F) 30 (LH) 15 (RH) 15 (B) 25

Approval: _____ City: _____ Date: 11/4 Flood: (A) _____ (V) _____ (N) X BFE+2ft= _____

Comment: Setbacks okay per site plan dated 10-30-16 Permit Fee: \$ 85 -

Per KFP → grandfathered nonconforming cluster subdivision annexed from NHC. Min. 10' between structures (not units)



RECEIVED OCT 31 2016

NEW HANOVER COUNTY BUILDING PERMIT

APPLICATION TYPE: RESIDENTIAL

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

Email

Print

TL-3056

2016 Application Number 10943 (office use)

APPLICANT'S NAME: Catherine Balding Date: October 31, 2016
PROJECT ADDRESS: 138 S Cardinal Drive CITY: Wilmington ZIP: 28403
SUBDIVISION: LOT #:

PROPERTY OWNER'S NAME: Sarah & Thomas Huettl PHONE #: 910-619-5541
OWNER'S ADDRESS: 138 S Cardinal Drive CITY: Wilmington ZIP: 28403

CONTRACTOR: Balding Brothers BLDG LICENSE #: 66865
ADDRESS: PO Box 1947 CITY: Wilmington ST: NC ZIP: 28402
EMAIL ADDRESS: Catherine@baldingbrothers.com PHONE: 910-251-2721

PROJECT CONTACT PERSON: Casey Williams PHONE: 910-622-2450

EXISTING CONSTRUCTION: Alteration Renovation General Repairs

NEW CONSTRUCTION: Erect New Residence Addition to Existing Residence Relocation

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)

Is the proposed work changing the existing footprint? Yes No

TOTAL SQ FT UNDER ROOF (for proposed work) Heated: 2,000 Unheated:

TOTAL PROJECT COST (Less Lot): \$ 18,050

Is the proposed work changing the number of bedrooms? Yes No

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: Enlarge an existing opening between the kitchen and dining room by installing a beam per our engineer's specifications in the attached letter. We will also be replacing an exterior side door and installing a new interior pocket door.

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Owner/Contractor: Nick Balding Signature:
"Licensed Qualifier" Print Name

Is the property located in a floodplain? Yes No

Existing Impervious Area: Sq Ft Total Acres Disturbed:

New Impervious Area: Sq Ft Existing Land Disturbing Permit: Yes No

WATER: CFPUA Community System Private Well Central Well Aqua

SEWER: CFPUA Community System Private Septic Central Septic Aqua

Zone: Officer: Setbacks (F) (LH) (RH) (B)

Approval: City: Date: Flood: (A) (V) (N) BFE+2ft=

Comment: Permit Fee: \$



APPLICATION TYPE: RESIDENTIAL

PLEASE ANSWER ALL QUESTIONS APPLICABLE TO YOUR PROJECT

Application Number (Office Use)
16-2037
2016-10941

"Project Responsibility"

APPLICANT'S NAME: ROBERT GASTWIRTH / GASTELL GROUP LLC
PROJECT ADDRESS: 302 WOOD DALE CITY: WILMINGTON ZIP: 28403
SUBDIVISION: COLLEGE ACRES LOT #: _____

PROPERTY OWNER'S NAME: XVDG PHONE #: _____
OWNER'S ADDRESS: _____ CITY: _____ ZIP: _____

CONTRACTOR: GASTELL GROUP LLC BLDG LICENSE #: 66938
ADDRESS: 4240 LYNNE AVE CITY: WILMINGTON ZIP: 28403
EMAIL ADDRESS: Builderbob.NET@GMAIL PHONE: 910 367 0900

PROJECT CONTACT PERSON: Bob GASTWIRTH PHONE: 910-367-0900

EXISTING CONSTRUCTION: Alteration Renovation General Repairs
NEW CONSTRUCTION: Erect New Residence Addition to Existing Residence Relocation

PLEASE CHECK AND ANSWER BELOW ALL THAT APPLY TO YOUR PROJECT

- Att Garage (SF) _____
- Sunroom (SF) _____
- Greenhouse (SF) _____
- Det Garage (SF) _____
- Pool (SF) _____
- Deck (SF) 101
- Porch (SF) _____
- Storage Shed (SF) _____
- Other (SF) _____

Is the proposed work changing the existing footprint? Yes No
TOTAL SQ FT UNDER ROOF (for proposed work) Heated: 364 + 1050 = 1414 SF
TOTAL PROJECT COST (Less Lot): \$ 75,000
NEW EXIST PROPOSED

Is the proposed work changing the number of bedrooms? Yes No
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: Addition + Renovation Interior 3-BED - 3 BATH

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Owner/Contractor: Robert Gastwirth Signature: _____
"Licensed Qualifier" Print Name

Is the property located in a floodplain? Yes No
Existing Impervious Area: 1050 Sq Ft Total Acres Disturbed: _____
New Impervious Area: 364 Sq Ft Existing Land Disturbing Permit: Yes No

WATER: CFPUA Community System Private Well Central Well Aqua
SEWER: CFPUA Community System Private Septic Central Septic Aqua

Zone: _____ Officer: _____ Setbacks (F) _____ (LH) _____ (RH) _____ (B) _____
Approval: _____ City: _____ Date: _____ Flood: (A) _____ (V) _____ (N) _____ BFE+2ft= _____

Comment: _____ Permit Fee: \$ 410



NEW HANOVER COUNTY BUILDING PERMIT

Email Print

2016 10933

APPLICATION TYPE: RESIDENTIAL

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

Application Number (office use)

APPLICANT'S NAME: F.S., L.L.C. dba RamJack Date: 11/3/2016
PROJECT ADDRESS: 401 Crete Drive CITY: Wilmington ZIP: 28403
SUBDIVISION: Capri Estates PARID #R05507-002-032-000 LOT #: 13

PROPERTY OWNER'S NAME: James Williamson PHONE #: 910-796-1545
OWNER'S ADDRESS: 401 Crete Drive CITY: Wilmington ZIP: 28403

CONTRACTOR: F.S., L.L.C. dba RamJack BLDG LICENSE #: 53778
ADDRESS: 4122 Bennett Memorial Road suite 304 CITY: Durham ST: NC ZIP: 27705
EMAIL ADDRESS: charlie@ramjackusa.com PHONE: 919-309-9727

PROJECT CONTACT PERSON: Charlie Lewis PHONE: 919-309-9727

EXISTING CONSTRUCTION: Alteration Renovation General Repairs
NEW CONSTRUCTION: Erect New Residence Addition to Existing Residence Relocation

PLEASE CHECK AND ANSWER BELOW ALL THAT APPLY TO YOUR PROJECT

- Att Garage (SF) _____
- Sunroom (SF) _____
- Greenhouse (SF) _____
- Det Garage (SF) _____
- Pool (SF) _____
- Deck (SF) _____
- Porch (SF) _____
- Storage Shed (SF) _____
- Other (SF) _____

Is the proposed work changing the existing footprint? Yes No

TOTAL SQ FT UNDER ROOF (for proposed work) Heated: _____ Unheated: _____

TOTAL PROJECT COST (Less Lot): \$ 8075.00

- Is the proposed work changing the number of bedrooms? Yes No
- 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: Install helical piers to stabilize foundation as designed by structural engineer

DISCLAIMER: I hereby certify that all the 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 information. ***NOTE: Any work performed without 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]
"Licensed Qualifier" Print Name

Is the property located in a floodplain? Yes No

Existing Impervious Area: _____ Sq Ft Total Acres Disturbed: _____
New Impervious Area: _____ Sq Ft Existing Land Disturbing Permit: Yes No

WATER: CFPWA Community System Private Well Central Well Aqua
SEWER: CFPWA Community System Private Septic Central Septic Aqua

Zone: _____ Officer: _____ Setbacks (F) _____ (LH) _____ (RH) _____ (B) _____
Approval: _____ City: _____ Date: _____ Flood: (A) _____ (V) _____ (N) _____ BFE+2ft= _____

Comment: _____ Permit Fee: \$ 85

2016 10933

Email Print



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: F.S., L.L.C. dba RamJack Date: 11/3/2016
PROJECT ADDRESS: 401 Crete Drive CITY: Wilmington ZIP: 28403
SUBDIVISION: Capri Estates PARID #R05507-002-032-000 LOT #: 13

PROPERTY OWNER'S NAME: James Williamson PHONE #: 910-796-1545
OWNER'S ADDRESS: 401 Crete Drive CITY: Wilmington ZIP: 28403

CONTRACTOR: F.S., L.L.C. dba RamJack BLDG LICENSE #: 53778
ADDRESS: 4122 Bennett Memorial Road suite 304 CITY: Durham ST: NC ZIP: 27705
EMAIL ADDRESS: charlie@ramjackusa.com PHONE: 919-309-9727

PROJECT CONTACT PERSON: Charlie Lewis PHONE: 919-309-9727

EXISTING CONSTRUCTION: Alteration Renovation General Repairs
NEW CONSTRUCTION: Erect New Residence Addition to Existing Residence Relocation

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) _____

Is the proposed work changing the existing footprint? Yes No
TOTAL SQ FT UNDER ROOF (for proposed work) Heated: _____ Unheated: _____

TOTAL PROJECT COST (Less Lot): \$ 8075.00

- Is the proposed work changing the number of bedrooms? Yes No
- 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: Install helical piers to stabilize foundation as designed by structural engineer

DISCLAIMER: I hereby certify that all the 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 information. ***NOTE: Any work performed without 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]
"Licensed Qualifier" Print Name

Is the property located in a floodplain? Yes No
Existing Impervious Area: _____ Sq Ft Total Acres Disturbed: _____
New Impervious Area: _____ Sq Ft Existing Land Disturbing Permit: Yes No

WATER: CFPWA Community System Private Well Central Well Aqua
SEWER: CFPWA Community System Private Septic Central Septic Aqua

Zone: R-10 Officer: [Signature] Setbacks (F) N/A (LH) N/A (RH) N/A (B) N/A
Approval: _____ City: _____ Date: 11-8-16 Flood: (A) _____ (V) _____ (N) BFE+2ft= _____

Comment: No expansion or change in use. Permit Fee: \$ _____

WJM
BTC

Email 2016 10934 Print



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: F.S., L.L.C. dba RamJack Date: 11/3/2016
PROJECT ADDRESS: 227 Forest Road CITY: Wilmington ZIP: 28403
SUBDIVISION: Piney Acres SEC 6 BLK C PARID-R05617-008-011-000 LOT #: 09

PROPERTY OWNER'S NAME: Frank Stanley PHONE #: 910-200-3359
OWNER'S ADDRESS: 227 Forest Road CITY: Wilmington ZIP: 28403

CONTRACTOR: F.S., L.L.C. dba RamJack BLDG LICENSE #: 53778
ADDRESS: 4122 Bennett Memorial Road suite 304 CITY: Durham ST: NC ZIP: 27705
EMAIL ADDRESS: charlie@ramjackusa.com PHONE: 919-309-9727

PROJECT CONTACT PERSON: Charlie Lewis PHONE: 919-309-9727

EXISTING CONSTRUCTION: Alteration Renovation General Repairs
NEW CONSTRUCTION: Erect New Residence Addition to Existing Residence Relocation

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

- Att Garage (SF) _____
- Sunroom (SF) _____
- Greenhouse (SF) _____
- Det Garage (SF) _____
- Pool (SF) _____
- Deck (SF) _____
- Porch (SF) _____
- Storage Shed (SF) _____
- Other (SF) _____

Is the proposed work changing the existing footprint? Yes No

TOTAL SQ FT UNDER ROOF (for proposed work) Heated: _____ Unheated: _____

TOTAL PROJECT COST (Less Lot): \$ 6925.00

- Is the proposed work changing the number of bedrooms? Yes No
- 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: Install helical piers to stabilize foundation as designed by structural engineer

DISCLAIMER: I hereby certify that all the 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 information. ***NOTE: Any work performed without 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]
"Licensed Qualifier" Print Name

Is the property located in a floodplain? Yes No

Existing Impervious Area: _____ Sq Ft Total Acres Disturbed: _____
New Impervious Area: _____ Sq Ft Existing Land Disturbing Permit: Yes No

WATER: CFPUA Community System Private Well Central Well Aqua
SEWER: CFPUA Community System Private Septic Central Septic Aqua

Zone: _____ Officer: _____ Setbacks (F) _____ (LH) _____ (RH) _____ (B) _____
Approval: _____ City: _____ Date: _____ Flood: (A) _____ (V) _____ (N) _____ BFE+2ft= _____

Comment: _____ Permit Fee: \$ 85-

2016 10934



NEW HANOVER COUNTY BUILDING PERMIT

Email Print

APPLICATION TYPE: RESIDENTIAL

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

Application Number (office use)

APPLICANT'S NAME: F.S., L.L.C. dba RamJack Date: 11/3/2016
PROJECT ADDRESS: 227 Forest Road CITY: Wilmington ZIP: 28403
SUBDIVISION: Piney Acres SEC 6 BLK C PARID-R05617-008-011-000 LOT #: 09

PROPERTY OWNER'S NAME: Frank Stanley PHONE #: 910-200-3359
OWNER'S ADDRESS: 227 Forest Road CITY: Wilmington ZIP: 28403

CONTRACTOR: F.S., L.L.C. dba RamJack BLDG LICENSE #: 53778
ADDRESS: 4122 Bennett Memorial Road suite 304 CITY: Durham ST: NC ZIP: 27705
EMAIL ADDRESS: charlie@ramjackusa.com PHONE: 919-309-9727

PROJECT CONTACT PERSON: Charlie Lewis PHONE: 919-309-9727

EXISTING CONSTRUCTION: Alteration Renovation General Repairs
NEW CONSTRUCTION: Erect New Residence Addition to Existing Residence Relocation

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)

Is the proposed work changing the existing footprint? Yes No

TOTAL SQ FT UNDER ROOF (for proposed work) Heated: Unheated:

TOTAL PROJECT COST (Less Lot): \$6925.00

Is the proposed work changing the number of bedrooms? Yes No
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

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Owner/Contractor: Charles Lewis 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 Existing Land Disturbing Permit: Yes No

WATER: CFPUA Community System Private Well Central Well Aqua
SEWER: CFPUA Community System Private Septic Central Septic Aqua

Zone: R-15 Officer: Setbacks (F) (LH) (RH) (B)

Approval: City: Date: 11/9/16 Flood: (A) (V) (N) BFE+2ft=

Comment: No expansion or change in use Permit Fee: \$