RECEIVED OCT 25 20% RECEIVED OCT 25

NEW HANOVER COUNTY BUILDING PERMIT

APPLICATION TYPE: RESIDENTIAL

RECEIVED OCT 2 PLEASE ANSWER ALL QUESTIONS APPLICABLE TO YOUR PROJECT "Project Responsibility"

Application

Application

Application

(office use)

APPLICANT'S NAME: william holloway	Da	te: 10-18-2016
PROJECT ADDRESS: 3206 monticello ct	CITY: wilmington	zip: 28405
SUBDIVISION: north chase	LOT #:	
anthony maguiro	040 424 4	070
PROPERTY OWNER'S NAME: anthony maguire OWNER'S ADDRESS: 3206 monticello ct	PHONE #: 910-431-1	28405
OWNER'S ADDRESS: 9200 Monticello et	CITY: wilmington	z _{IP} : 28405
CONTRACTOR: jwh builders, llc	BLDG LICE	ENSE #: 72248
ADDRESS: 129 maypop In	CITY: wilmington S	T: nc ZIP: 28412
CONTRACTOR: jwh builders, llc ADDRESS: 129 maypop ln EMAIL ADDRESS: jwhbuilders@yahoo.com	PHONE: 910-726-	4831
PROJECT CONTACT PERSON: william holloway		
EXISTING CONSTRUCTION: ☑ Alteration □ Renovation □ General Repairs		
NEW CONSTRUCTION : \square Erect New Residence \square Addition to Existing Residence	ence \square Relocation	
PLEASE CHECK AND ANSWER BELOW ALL THA	T APPLY TO YOUR PROJECT	
☐ Att Garage (SF) ☐ Det Garage (SF)	Porch (SF)	
□ Sunroom (SF) □ Pool (SF)	Storage She	d (SF)
☐ Greenhouse (SF) ☐ Deck (SF)	Other (SF) _	
Is the proposed work changing the existing footprint? \square Yes $lacksquare$ 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?		
Property Use/ Occupancy: ☑ Single Family ☐ Duplex ☐ Townhouse Description of Work: demo existing frog with a 7 ft. ceiling hgt.; build new from the control of the control	rog with 8 ft. ceiling hgt. ; add b	oathroom, bedroom, re
DISCLAIMER: I hereby certify that all the information in this application is correct and all work will collaws and ordinances and regulations. The NHC Development Services Center will be notified of any conformation. ***NOTE: Any work performed without the appropriate permits will be in violation of the conformation.	changes in the approved plans and specific	cations or change in contractor
	:	
"Licensed Qualifier" Print Name		
Is the property located in a floodplain? Yes No		
Existing Impervious Area: Sq Ft Total Acres Distur	rbed:	
New Impervious Area: Sq Ft Existing Land Dist	turbing Permit: Yes No	
WATER: ☐ CFPUA ☐ Community System ☐ Private Well ☐ Central Well	☐ Aqua	
SEWER: ☐ CFPUA ☐ Community System ☐ Private Septic ☐ Central Sept	tic 🗆 Aqua	
Zone: Officer: Setbacks (F) (LH) (RH)		1110
Approval: City: Date: Flood: (A) (V)		\$110
Comment:	Permit Fe	ee: \$



RECEIVED NOV - 2 2016 NEW HANOVER COUNTY BUILDING PERMIT

APPLICATION TYPE: RESIDENTIAL

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

Email Print

Print

Application
Number
(office use)

APPLICANT'S NAME: Jason Walker		Date: 11/1/	/2016
PROJECT ADDRESS: 408 Jenoa Drive	cıry: Castle	Hayne zıp:	
subdivision: River Bluffs		LOT #: <u>136</u>	
PROPERTY OWNER'S NAME: Chris Niedermayer	PHO	NE #: 703-862-6792	
OWNER'S ADDRESS: 192 Hemlock Forest	CITY: [↑]	Mineral, VA	ZIP: 23117
Carolina Craatiana Landacana In		-	20405
CONTRACTOR: Carolina Creations Landscape, In ADDRESS: P.O. Box 2327	CITY: Shallo	BLDG LICENSE #: /	3105
EMAIL ADDRESS: jwalker@carolinacreations.biz	CITY: Official P	HONE: 910-755-6411	(IP: 20439
PROJECT CONTACT PERSON: Jason Walker	P		
EXISTING CONSTRUCTION: ☐ Alteration ☐ Renormal	vation ☐ General Repairs		
NEW CONSTRUCTION: ☐ Erect New Residence ☑	Addition to Existing Residence Relocat	ion	
PLEASE CHECK AND	ANSWER BELOW ALL THAT APPLY TO YOU	R PROJECT	
☐ Att Garage (SF)	☐ Det Garage (SF)	☐ Porch (SF)	
□ Sunroom (SF)	☑ Pool (SF) 225	☐ 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) He	ated: na Unheated: na	AND	
TOTAL PROJECT COST (Less Lot): \$84,400	e.		
Is the proposed work changing the number of bedroos any Electrical, Plumbing or Mechanical work being If the project is a Relocation, is there a Natural Gas L Is there Electrical Power on this Building? Yes	g done to the Accessory Structure 🖸 Yes 🗆 ine on the current site? 🗌 Yes 🖸 No] No	
Property Use/ Occupancy: ☑ Single Family ☐ Dup Description of Work: Install a 12'x25' fiberglass p		g, 42'x30' screened enc	losure for pool.
DISCLAIMER: I hereby certify that all the information in this applic laws and ordinances and regulations. The NHC Development Serv information. ***NOTE: Any work performed without the appropri	ices Center will be notified of any changes in the approx	ved plans and specifications or ch	hange in contractor
Owner/Contractor: Jason Walker	Signature:	- Here	
"Licensed Qualifier" Print Name			
Is the property located in a floodplain? \Box Yes $lacksquare$	10	N	
Existing Impervious Area: 3250 Sq Ft	Total Acres Disturbed:		
New Impervious Area: 975 Sq Ft	Existing Land Disturbing Permit:] Yes ⊡ No	
WATER: ☑ CFPUA ☐ Community System ☑ Pri	vite Well Central Well Aqua		
SEWER: ☑ CFPUA ☐ Community System ☑ Pri	vare Septic Central Septic Aqua		
Zone: Officer: Setbacks (F)			
Approval: City: Date: F	ood: (A) (V) (N) BFE+:		75
Comment:		Permit Fee: \$	



2016-10924

NEW HANOVER COUNTY BUILDING PERMIT

APPLICATION TYPE: COMMERCIAL

16-3065

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 #:
DEVELOPER: 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	
CONTRACTOR: Chambliss & Rabil LICENSE #: 15825	
ADDRESS: 6426-C Windmill Way CITY: Wilmington	ST: NC ZIP: 28405
EMAIL ADDRESS: yates@chambliss-rabil.com	PHONE #:
EMAIL ADDRESS: yates@chambliss-rabil.com PROJECT CONTACT PERSON: Yates Chambliss	PHONE #: (910)231-3176
EXIST CONSTRUCTION: ALTERATION RENOVATION GENERAL REPAIRS R If Relocation, is there a Natural Gas Line on the Current Site? Yes No IS BLDG SPRINKL NEW CONSTRUCTION: ERECT NEW STRUCTURE FAST TRACK SHELL UPFIT ACCESSORY STRUCTURE:	ERED? Yes No
If UPFIT - The Shell Permit #: Is Elect Power on this	Building Ves NO
***** IS THIS A CHANGE OF OCCUPANCY USE? YES NO ***** IF Yes, what was the Previous Occupancy Type? What is the New Occup	anner Tuno 3
ARCH DESIGN PROFESSIONAL: L. Mark Loudermilk, AIA PH: 910.341.760 ENGR DESIGN PROFESSIONAL: Sid A. Bendahmane, PE PH: 910.470.968	0 NC REG #: 10776 7 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 Buildin and local laws and ordinances and regulations. The NHC Development Services Center will be notified of any changes in the or change in contractor or contractor information. ***NOTE: Any Work Performed W/O the Appropriate Permits will be in Vio Subject to Fines Up To \$500.00***	g Code and all other applicable State e approved plans and specifications lation of the NC State Bldg Code and
OWNER/CONTRACTOR: Yates Chambliss SIGNATURE:	
(Qualifier) (Print Name) Note: Demolition notifications & asbestos removal permit applications are to be submitted using the application form (DHHS-3768) ocntain Asbestos or not. You are required to call the National Emission Standards for Hazardous Air Pollutants (NESHAP) at (919)7 demolition of any facility or building. See Asbestos Web Site: http://www.epi.state.nc.us/epi/asbestos/ahmp.html	whether the facility or building was found to
TOTAL PROJECT COST: Z & BUILDING HEIGHT: #OF UN	ITS:
TOTAL AREA SQ FT : 2,959 SQ FT PER FLR: # OF STO	DRIES:
TOTAL SQ FT UNDER ROOF: # OF STRUCTURES: # OF FLO	OORS:
ACRES DISTURBED: 0 EXST LAND DISTURBING PERMINEW IMPERVIOUS AREA: 0 SQ FT EXISTING IMPERVIOUS AREA: _	T? TYES NO
PROPERTY USE: OFFICE RESTAURANT MERCANTILE EDUC APT CONI	
WATER: CFPUA COMMUNITY SYSTEM WELL ZONING USE CLASS SEWER: CFPUA CENTRAL SEPTIC PRIVATE SEPTIC COMMUNITY SYSTEM	SIFICATION:
*** SEPARATE PERMITS REQUIRED FOR ELECT, MECH, PLBG, GAS EQUIP, PREFABS & INSERTS *** PAYMENT METHOD: CASH CHECK (PAYABLE TO NHC) AMERICAN EXPRESS	
(FOR OFFICE USE ONLY)	REVISED DATE 4/11/12
ZONE: OFFICER: SETBACKS: F:LH:RH:B	3:
Approval: City: DATE: FLOOD: B	FE+2ft=
	MIT FEE: \$ 940



NEW HANOVER COUNTY BUILDING PERMIT

APPLICATION TYPE: RESIDENTIAL

16-3120

2016-10925

Application Number (office use)

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

APPLICANT'S NAME: PORCH CONVERSION		- 11.04.16
PROJECT ADDRESS: 2 OAK LANDING ROAD	CITY: WILMIN	GTON 28409
SUBDIVISION: OAK LANDING TOWNHOUSES		Date: 11-04-16 GTON ZIP: 28409 LOT #: 2
PROPERTY OWNER'S NAME: ROGER & PATRICI	A LAMEDY	NE #: 910-297-3420
OWNER'S ADDRESS: 2 OAK LANDING ROAD		/ILMINGTON ZIP: 28409
CONTRACTOR: PORCH CONVERSION		76247
ADDRESS: 6821 MARKET STREET	CITY: WILMII	NGTON ST: NC 7IP. 28409
EMAIL ADDRESS: porchconversion@gmail.com	PH	ONE: 910-777-3363
PROJECT CONTACT PERSON: Sherri Britt	P	
EXISTING CONSTRUCTION: □ Alteration □ Reno		
NEW CONSTRUCTION: ☐ Erect New Residence ☐	Addition to Existing Residence ☐ Relocation	on
*** <u>PLEASE CHECK AND</u>	ANSWER BELOW ALL THAT APPLY TO YOUR	
☐ Att Garage (SF)		□ Porch (SF)
☑ Sunroom (SF) 197		☐ Storage Shed (SF)
☐ Greenhouse (SF)	T - 1 (-)	☐ Other (SF)
Is the proposed work changing the existing footprint		
TOTAL SQ FT UNDER ROOF (for proposed work) Hea	ted: 197	
TOTAL PROJECT COST (Less Lot): \$12,025	Omleated.	
Is the proposed work changing the number of bedrood is any Electrical , Plumbing or Mechanical work being If the project is a Relocation , is there a Natural Gas List there Electrical Power on this Building? Yes	done to the Accessory Structure Yes ne on the current site? Yes No	No spection Required, 910-254-05
Property Use/ Occupancy: Single Family Dup Description of Work: enclose and existing screen	lex ☑ Townhouse porch with sunroom wall system and wind	ows
DISCLAIMER: I hereby certify that all the information in this applications and ordinances and regulations. The NHC Development Service information. ***NOTE: Any work performed without the appropriation.	te permits will be in violation of the NC State Bldg Code	ilding Code and all other applicable State and local plans and specifications or change in contractor and subject to lines up to \$500.00***
Owner/Contractor: Agent Jeremy Martin Licensed Qualifier" Print Name	Signature:	
Licensed Qualifier Print Name s the property located in a floodplain? Yes N	,	Per KTP > grandfalpered
existing Impervious Area: 2696 Sq Ft	Total Acres Disturbed: 0	nonconforming
New Impervious Area: OSq Ft	Existing Land Disturbing Permit:	Cluster subdivision
VATER: 🖸 CFPUA 🗆 Community System 🗀 Priv	ate Well 🗌 Central Well 🗖 Aqua	Min. 10' between
EWER: ☐ CFPUA ☐ Community System ☐ Priv	ate Septic Central Septic Aqua	Structures (not
one: R- 20 Officer: Setbacks (F) 30	(LH) 15 (RH) 15 (B) 25	units)
	od: (A) (V) (N) BFE+2ft	Cn
comment: 97 Albacks okay pur		

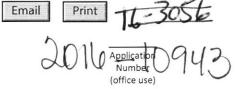
RECEIVED OCT 3 1 2016



NEW HANOVER COUNTY BUILDING PERMIT

APPLICATION TYPE: RESIDENTIAL

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



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 #: 910-6	19-5541
	CITY: Wilmington	
CONTRACTOR: Balding Brothers	CITY: Wilmington	LICENSE #: 66865
ADDRESS: PO Box 1947	CITY: Vilmington	ST: NC ZIP: 28402
EMAIL ADDRESS: Catherine@baldingbrothers.com	PHONE: 910-2	251-2721
PROJECT CONTACT PERSON: Casey Williams	PHONE: 910-0	622-2450
EXISTING CONSTRUCTION: \square Alteration \square Renovation \square General Repair	rs	
NEW CONSTRUCTION: Erect New Residence Addition to Existing Res	idence Relocation	
***PLEASE CHECK AND ANSWER BELOW ALL TH	HAT APPLY TO YOUR PROJECT*	**
☐ Att Garage (SF) ☐ Det Garage (SF) ☐	Porch (S	SF)
□ Sunroom (SF) □ Pool (SF)	Storage	Shed (SF)
☐ Greenhouse (SF) ☐ Deck (SF)	Other (5	SF)
s the proposed work changing the existing footprint? \square Yes $lacksquare$ No		
TOTAL SQ FT UNDER ROOF (for proposed work) Heated: 2,000	Unheated:	_
TOTAL PROJECT COST (Less Lot): \$ 18,050		
s the proposed work changing the number of bedrooms? No sany Electrical, Plumbing or Mechanical work being done to the Accessory Softhe project is a Relocation, is there a Natural Gas Line on the current site? sthere Electrical Power on this Building? Yes No		
Property Use/ Occupancy: ☑ Single Family □ Duplex □ Townhouse Description of Work: Enlarge an exisiting opening between the kitchen a	and dining room by installing a	a beam per our engineer's
specifications in the attached letter. We will also be replacing an exterior	or side door and installing a n	new interior pocket door.
DISCLAIMER: I hereby certify that all the information in this application is correct and all work wi aws and ordinances and regulations. The NHC Development Services Center will be notified of a nformation. ***NOTE: Any work performed without the appropriate permits will be in violation	ny changes in the approved plans and sp of the NC State Bldg Code and subject t	pecifications or change in contractor
Owner/Contractor: Nick Balding Signatu "Licensed Qualifier" Print Name	ire:	1/1
"Licensed Qualifier" Print Name	• 7	
s the property located in a floodplain? Yes No		
Existing Impervious Area: Sq Ft Total Acres Dis	turbed:	
New Impervious Area: Sq Ft Existing Land D	Disturbing Permit: Yes N	0
WATER: ☑ CFPUA ☐ Community System ☐ Private Well ☐ Central We	ell 🗆 Aqua	
SEWER: ☑ CFPUA ☐ Community System ☐ Private Septic ☐ Central Se	eptic 🗆 Aqua	
Zone: Officer: Setbacks (F) (LH) (RH)	(B)	
Approval: City: Date: Flood: (A) (V)	(N) BFE+2ft=	
Comment:	Perm	nit Fee: \$

APPLICATION TYPE: RESIDENTIAL

PLEASE ANSWER ALL QUESTIONS APPLICABLE TO YOUR PROJECT

Application Number

	"Proje	ect Responsibility"	_ /	2016-10914 ge pse
(-)	KOBERT (DASTYVIKI	*/	101126
APPLICANT'S NAME:	TSTELL ORG	sub Frc	- MILL MITSI	Date 0 28 16
PROJECT ADDRESS: 502	GE ACRES	CITY	WILMING	10N ZIP: 2840.3
SUBDIVISION:O 1 e	ge meres			
PROPERTY OWNER'S NAME:			PHONE #:	
OWNER'S ADDRESS:			CITY:	ZIP:
CONTRACTOR: GASTELL	- Group LL		BLD	G LICENSE #: 66938
ADDRESS: 4240 LA	ke, Auc		N: WILMING	70/st:zip: 28403
EMAIL ADDRESS: Builde	zbob, NETO Gi	1714	PHONE: 9	10 367 0400
PROJECT CONTACT PERSON:	Bob GASTU	vinTH	PHONE: 9	10-367-0900
EXISTING CONSTRUCTION:	•			
NEW CONSTRUCTION: Erect N	lew Residence 櫡 Addition i	o Existing Residence	Relocation	
*** <u>P</u>	LEASE CHECK AND ANSWER	BELOW ALL THAT APPL	LY TO YOUR PROJECT	***
☐ Att Garage (SF)	☐ Det Ga	arage (SF)	☐ Porch	(SF)
☐ Sunroom (SF)	☐ Pool (SF)	☐ Stora	ge Shed (SF)
☐ Greenhouse (SF)		SF) 101	☐ Other	r (SF)
Is the proposed work changing the	e existing footprint? 🕱 Yes	□ No 🗳 _ //	1111-	
TOTAL SQ FT UNDER ROOF (for pr		4+1050 Unbea	ted:	
TOTAL PROJECT COST (Less Lot):	5 75,000 NEV	r Exist PRO	ofosed)	
Is the proposed work changing th	,	Yes 🗆 No		
Is any Electrical, Plumbing or Med				
If the project is a Relocation , is the Is there Electrical Power on this B		current site? L. Yes	Ø NO	
The second secon	-			
Property Use/ Occupancy: Sin	ngle Family Duplex D	ownhouse		1
Addition + R	enovation In	tevina "	3-30 - 3	BATH
DISCLAIMER: I hereby certify that all the	5 1	2-		
laws and ordinances and regulations. The information. ***NOTE: Any work perform	e NHC Development Services Center	will be notified of any change	es in the approved plans ar	nd specifications or change in contractor
			11	
Owner/Contractor: Rissil	Print Name	Signature:	100	
Is the property located in a flood	dplain? 🗆 Yes 👿 No			
Existing Impervious Area: 10	50 Sq Ft	Total Acres Disturbed:	:	-
New Impervious Area: 36	4 Sq Ft	Existing Land Disturbi	ng Permit: 🗆 Yes 🗆	□ No
WATER: Z CFPUA Comm	unity System Private We	II 🗆 Central Well 🗀 /	Aqua	
SEWER: CFPUA - Comm	unity System	tic Central Septic	□ Aqua	
Zone: Officer:	Setbacks (F) (LH)	(RH) (B)		
Approval:City:				- LIN-
Comment:				Permit Fee: \$ TIU—



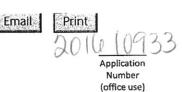
Comment: ___

NEW HANOVER COUNTY BUILDING PERMIT

APPLICATION TYPE: RESIDENTIAL

PLEASE ANSWER ALL QUESTIONS APPLICABLE TO YOUR PROJECT

"Project Responsibility"



Date: 11/3/2016 APPLICANT'S NAME: F.S., L.L.C. dba RamJack ZIP: 28403 PROJECT ADDRESS: 401 Crete Drive CITY: Wilmington LOT #: 13 SUBDIVISION: Capri Estates PARID #R05507-002-032-000 PHONE #: 910-796-1545 PROPERTY OWNER'S NAME: James Williamson ZIP: 28403 CITY: Wilmington OWNER'S ADDRESS: 401 Crete Drive CONTRACTOR: F.S., L.L.C. dba RamJack BLDG LICENSE #: 53778 ST: NC ZIP: 27705 ADDRESS: 4122 Bennett Memorial Road suite 304 CITY: Durham PHONE: 919-309-9727 EMAIL ADDRESS: charlie@ramjackusa.com PHONE: 919-309-9727 PROJECT CONTACT PERSON: Charlie Lewis **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*** ☐ Porch (SF) _____ ☐ Det Garage (SF) _____ ☐ Att Garage (SF) ☐ Storage Shed (SF) _____ ☐ Sunroom (SF) _____ ☐ Pool (SF) ☐ Other (SF) ______ ☐ Greenhouse (SF) ☐ Deck (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 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 Print Name "Licensed Qualifier" Is the property located in a floodplain?

Yes

No Total Acres Disturbed: Existing Impervious Area: _____Sq Ft Existing Land Disturbing Permit:

Yes

No New Impervious Area: _____ Sq Ft 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= ____

2016 (0933



NEW HANOVER COUNTY BUILDING PERMIT

APPLICATION TYPE: RESIDENTIAL

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

Application Number (office use)

∉Emal**l**∉

APPLICANT'S NAME: F.S., L.L.C. dba RamJack		Date: 11	/3/2016
PROJECT ADDRESS: 401 Crete Drive	city: Wilming		: 28403
SUBDIVISION: Capri Estates PARID #R0550	7-002-032-000	LOT #: 13	
lamas Williamson		010.706.1545	
PROPERTY OWNER'S NAME: James Williamson	PHON	IE#: 910-796-1545 /ilmington	ZIP: 28403
OWNER'S ADDRESS: 401 Crete Drive	CITY: VI	intington	ZIP: 20400
CONTRACTOR: F.S., L.L.C. dba RamJack		BLDG LICENSE #:	53778
ADDRESS: 4122 Bennett Memorial Road suite 3	304 CITY: Durhar	n ST: NC	ZIP: 27705
EMAIL ADDRESS: charlie@ramjackusa.com	PH	IONE: 919-309-9727	
PROJECT CONTACT PERSON: Charlie Lewis	PI	HONE: 919-309-9727	
EXISTING CONSTRUCTION: Alteration Ren	ovation 🗹 General Repairs		
NEW CONSTRUCTION: Erect New Residence	☐ Addition to Existing Residence ☐ Relocation	on	
PLEASE CHECK A	ND ANSWER BELOW ALL THAT APPLY TO YOU	R 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 footpri	int? 🗆 Yes 🗀 No		
TOTAL SQ FT UNDER ROOF (for proposed work)	leated: Unheated:		
TOTAL PROJECT COST (Less Lot): \$8075.00	nature.		
Is the proposed work changing the number of bedrooms?			
Property Use/ Occupancy: Single Family Description of Work: Install helical piers to stab	Ouplex ☐ Townhouse illize foundation as designed by structural e	ngineer	
DISCLAIMER: I hereby certify that all the information in this ap laws and ordinances and regulations. The NHC Development S information. ***NOTE: Any work performed without the appropriate Contractor: Charles Lewis	ervices Center will be notified of any changes in the approx	red plans and specifications	or change in contractor
"Licensed Qualifier" Print Name	Jighatale		
is the property located in a floodplain? Yes			
Existing Impervious Area:Sq Ft	Total Acres Disturbed:		
New Impervious Area:Sq Ft	Existing Land Disturbing Permit:] Yes □ No	
WATER: $\ \square$ CFPUA $\ \square$ Community System $\ \square$	Private Well 🗌 Central Well 🔲 Aqua		
Zone: R-10 Officer: Setbacks (F)	MB(rH) MA (RH) MA (B) MA		
Approval: City: Date: -8-14	?Flood: (A) (V) (N) BFE+	2ft=	
comment: No expansion or (thoughtn-use.	Permit Fee: \$ _	



NEW HANOVER COUNTY BUILDING PERMIT

Email 2 Prints 1

APPLICATION TYPE: RESIDENTIAL
Applica

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-R056	17-008-011-000	LOT #: 09
Property Charles Hands Frank Stanley	PUONE II	910-200-3359
PROPERTY OWNER'S NAME: Frank Stanley OWNER'S ADDRESS: 227 Forest Road	CITY: Wilmi	
OWNER'S ADDRESS: 227 1 Glost Houd	CITY: VVIIII	ZIP: 20100
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	ST: NC ZIP: 27705 E: 919-309-9727
PROJECT CONTACT PERSON: Charlie Lewis	PHON	E: 919-309-9727
EXISTING CONSTRUCTION: □ Alteration □ Renovation □	☐ General Repairs	
NEW CONSTRUCTION: \Box Erect New Residence \Box Addition	on to Existing Residence Relocation	
PLEASE CHECK AND ANSW	ER BELOW ALL THAT APPLY TO YOUR PRO	OJECT
☐ Att Garage (SF) ☐ Det	Garage (SF)	Porch (SF)
☐ Sunroom (SF) ☐ Poo	ol (SF)	Storage Shed (SF)
☐ Greenhouse (SF) ☐ Dec	ck (SF)	Other (SF)
Is the proposed work changing the existing footprint? $\hfill\Box$ Ye	s 🗆 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? Is any Electrical, Plumbing or Mechanical work being done to the project is a Relocation, is there a Natural Gas Line on the Is there Electrical Power on this Building? Yes No Property Use/ Occupancy: Single Family Duplex	o the Accessory Structure	
Description of Work: Install helical piers to stabilize foun	dation as designed by structural engin	eer
DISCLAIMER: I hereby certify that all the information in this application is of laws and ordinances and regulations. The NHC Development Services Center information. ***NOTE: Any work performed without the appropriate perm Owner/Contractor: Charles Lewis "Licensed Qualifier" Print Name	er will be notified of any changes in the approved pla	ans and specifications or change in contractor
Is the property located in a floodplain? \square Yes \square No		
Existing Impervious Area: Sq Ft	Total Acres Disturbed:	
New Impervious Area: Sq Ft	Existing Land Disturbing Permit: Yes	s 🗆 No
WATER: ☐ CFPUA ☐ Community System ☐ Private We	ell 🗌 Central Well 🗎 Aqua	
SEWER: ☐ CFPUA ☐ Community System ☐ Private Sep	otic Central Septic Aqua	
Zone: Officer: Setbacks (F) (LH)		
Approval: City: Date: Flood: (A) (V) (N) BFE+2ft= _	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Commonts		Permit Fee: \$

2016 10934

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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: 11/3/2	016
PROJECT ADDRESS: 227 Forest Road		CITY: Wilmington	ZIP: 28	403
SUBDIVISION: Piney Acres SEC 6 BLK C PARID-R05	617-008-011-000	LC	OT #: 09	
PROPERTY OWNER'S NAME: Frank Stanley		DUONE 4. O	910-200-3359	
OWNER'S ADDRESS: 227 Forest Road		CITY: Wilming		ZIP: 28403
OWNER 3 ADDRESS: TO SECTION		CITT. TTIMES	5.	
CONTRACTOR: F.S., L.L.C. dba RamJack			BLDG LICENSE #: 53	778
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 ☐ Addit	tion to Existing Resider	nce 🗌 Relocation		
PLEASE CHECK AND ANSW	WER BELOW ALL THAT	APPLY TO YOUR PROJ	JECT	
☐ Att Garage (SF) ☐ D	et Garage (SF)	_	orch (SF)	
☐ Sunroom (SF) ☐ Po	ool (SF)		torage Shed (SF)	and an article and a second
☐ Greenhouse (SF) ☐ D	eck (SF)	🗆	ther (SF)	
Is the proposed work changing the existing footprint? \Box	res □ No			
TOTAL SQ FT UNDER ROOF (for proposed work) Heated:	υ	nheated:		
TOTAL PROJECT COST (Less Lot): \$6925.00	,			
Is the proposed work changing the number of bedrooms? Is any Electrical, Plumbing or Mechanical work being done If the project is a Relocation, is there a Natural Gas Line on Is there Electrical Power on this Building? Yes No	to the Accessory Struc	cture Yes No Yes No		
Property Use/ Occupancy: ☑ Single Family ☐ Duplex ☐ Description of Work: Install helical piers to stabilize fou	Townhouse Indation as designed	by structural engine	er	
DISCLAIMER: I hereby certify that all the information in this application is laws and ordinances and regulations. The NHC Development Services Cerinformation. ***NOTE: Any work performed without the appropriate per Owner/Contractor: Charles Lewis	nter will be notified of any ch	nanges in the approved plan ne NC State)Bldg Code and st	ns and specifications or cha	inge in contractor
"Licensed Qualifier" Print Name	Jigilatule.			
Is the property located in a floodplain? Yes No				
Existing Impervious Area: Sq Ft	Total Acres Disturi	oed:		
New Impervious Area:Sq Ft	Existing Land Distu	rbing Permit: Yes	□ No	
WATER: ☐ CFPUA ☐ Community System ☐ Private V	Well Central Well	□ Aqua		
SEWER: ☐ CFPUA ☐ Community System ☐ Private S	Septic 📮 Central Septi	ic 🗆 Agua		
Zone: R-15 Officer: Setbacks (F) (LI Approval: City: Date: 11/9/16 Flood:	H)///(RH)////	(B) 1/A		
Approval: City: Date: 11/9/16 Flood:	(A)(V)(N) BFE+2ft=	-	
Comment: No expansion or change	inase		Permit Fee: \$	