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2016-5645



# NEW HANOVER COUNTY BUILDING PERMIT

APPLICATION TYPE: COMMERCIAL

~~16-1601~~

PLEASE ANSWER ALL QUESTIONS APPLICABLE TO YOUR PROJECT

## "Project Responsibility"

APPLICATION  
Number  
(Office Use)

APPLICANT'S NAME: New Hanover County Schools DATE: 5/31/16  
 DEVELOPER: New Hanover County Schools PHONE #: 910-254-4313  
 PROJECT ADDRESS: 1307 Market St. CITY: Wilmington ZIP: 28401  
 OCCUPANT/BUSINESS NAME: New Hanover High School  
 PROPERTY OWNER'S NAME: New Hanover County Board of Education PHONE #: 910-254-4313  
 OWNER'S ADDRESS: 6410 Carolina Beach Rd. CITY: Wilmington ST: nc ZIP: 28412  
 CONTRACTOR: tbd CONSTRUCTIVE BUILDING SOLUTIONS LLC LICENSE #: 63300 ACCOUNT #: \_\_\_\_\_  
 ADDRESS: 4032 MASONBORO LOOP ROAD-SUITE #101 CITY: WILMINGTON ST: NC ZIP: 28409  
 EMAIL ADDRESS: \_\_\_\_\_ PHONE #: \_\_\_\_\_  
 PROJECT CONTACT PERSON: Bobby Thomas PHONE #: 910-254-4443

(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? \_\_\_\_\_ What is the New Occupancy Type? \_\_\_\_\_

ARCH DESIGN PROFESSIONAL: Becker Morgan Group, Rick Collins PH: 910-341-7600 NC REG #: 4537  
 ENGR DESIGN PROFESSIONAL: CBHF Engineers, Jim Benson PH: 910-791-4000 NC REG #: 10592

DESCRIPTION OF WORK: Renovations to Brogden Hall HVAC System

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: CHRIS LUMPKIN 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 (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: \$1,088,000 BUILDING HEIGHT: n/a # OF UNITS: n/a  
 TOTAL AREA SQ FT: n/a SQ FT PER FLR: n/a # OF STORIES: n/a  
 TOTAL SQ FT UNDER ROOF: n/a # OF STRUCTURES: n/a # OF FLOORS: n/a

ACRES DISTURBED: -0- 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: \_\_\_\_\_

WATER:  CFPUA  COMMUNITY SYSTEM  WELL  ZONING USE CLASSIFICATION: O&I  
 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/MISA  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: \$ FREE

city

RECEIVED JUL 13 2016

2016-7256



NEW HANOVER COUNTY BUILDING PERMIT

APPLICATION TYPE: RESIDENTIAL

PLEASE ANSWER ALL QUESTIONS APPLICABLE TO YOUR PROJECT

"Project Responsibility"

16-2053

APPLICATION

Number

(Office Use)

APPLICANT'S NAME: KEVIN GEER - GEER RENOVATIONS, INC. DATE: 7/13/16  
 DEVELOPER: \_\_\_\_\_ PHONE #: 910 805 4337  
 PROJECT ADDRESS: 920 BRYAN AVE CITY: WILMINGTON ZIP: 28403  
 SUBDIVISION: \_\_\_\_\_ BLOCK #: \_\_\_\_\_ LOT #: \_\_\_\_\_  
 PROPERTY OWNER'S NAME: JANET CRONEMILLER PHONE #: 910 297 3835  
 OWNER'S ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 CONTRACTOR: GEER RENOVATIONS, INC LICENSE #: \_\_\_\_\_  
 ADDRESS: 3955-B MARKET ST CITY: WILMINGTON ST: NL ZIP: 28403  
 EMAIL ADDRESS: GEERRENOVATIONS@GMAIL.COM PHONE #: 910 805 4337  
 PROJECT CONTACT PERSON: KEVIN GEER PHONE #: 201 527 8698

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 \_\_\_\_\_ SF  STORAGE SHED \_\_\_\_\_ SF  
 GREENHOUSE \_\_\_\_\_ SF  DECK \_\_\_\_\_ SF OTHER: \_\_\_\_\_ SF

TOTAL HEATED SQ FT: 1195 TOTAL SQ FT UNDER ROOF: 1195 TOTAL AREA SQ FT: 1195

TOTAL PROJECT COST (Less Lot) : \$ 25,000 # OF STORIES: 1

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: REPAIR FLOORING SYSTEM W/ NEW PIERS + GIRDERS. FRAME IN PORCH AS SUNROOM.

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: KEVIN GEER 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) REVISD DATE 04/11/12  
 ZONE: R-15 OFFICER: ECM SETBACKS: F: N/A LH: N/A RH: N/A B: N/A

Approval: OK City: WILM DATE: 7/16/16 FLOOD: \_\_\_\_\_ Zone X BFE+2ft= \_\_\_\_\_

Comment: Renovations/repairs only - No expansion to footprint PERMIT FEE: \$ \_\_\_\_\_

City Inspection Required, 910-204-0500

NHC

2016-7262

PEZ 16-2076



# 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: Will Jackson DATE: 7/15/16  
 DEVELOPER: \_\_\_\_\_ PHONE #: 910 547-8075  
 PROJECT ADDRESS: 4300 Forwalt Pl. CITY: Wilmington ZIP: 28409  
 SUBDIVISION: LANDSDOWN South BLOCK #: \_\_\_\_\_ LOT #: \_\_\_\_\_  
 PROPERTY OWNER'S NAME: Kevin & Jean Kiser PHONE #: 910 452-7008  
 OWNER'S ADDRESS: 4300 Forwalt Pl CITY: Wilmington ST: NC ZIP: 28409  
 CONTRACTOR: Jackson Building & Reno. LICENSE #: 70478  
 ADDRESS: 210 N 23RD ST CITY: Wilmington ST: NC ZIP: 28405  
 EMAIL ADDRESS: WBJACKSON75@gmail.com PHONE #: 910 547-8075  
 PROJECT CONTACT PERSON: Will Jackson PHONE #: \_\_\_\_\_

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 \_\_\_\_\_ SF
- STORAGE SHED \_\_\_\_\_ SF
- GREENHOUSE \_\_\_\_\_ SF
- DECK \_\_\_\_\_ SF
- OTHER: \_\_\_\_\_ SF

TOTAL HEATED SQ FT: 3000 TOTAL SQ FT UNDER ROOF: 200 TOTAL AREA SQ FT: 3200

TOTAL PROJECT COST (Less Lot) : \$ 100,000.00 # 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: Interior Renovations. Kitchen, Bathrooms, etc.  
ALL TRADES

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: Will Jackson 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

\*\*\* 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: \$ \_\_\_\_\_

2016-7268

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NEW HANOVER COUNTY BUILDING PERMIT

APPLICATION TYPE: RESIDENTIAL

PLEASE ANSWER ALL QUESTIONS APPLICABLE TO YOUR PROJECT

"Project Responsibility"

16-2086

APPLICATION Number (Office Use)

APPLICANT'S NAME: Robert McNeill DATE: 7/12/16
DEVELOPER: Robert McNeill PHONE #: (910) 840-6194
PROJECT ADDRESS: 221 Tanbridge Road CITY: Wilmington ZIP: 28405
SUBDIVISION: BLOCK #: LOT #:
PROPERTY OWNER'S NAME: Robert McNeill PHONE #: (910) \*40-6194
OWNER'S ADDRESS: 221 Tanbridge Road CITY: Wilmington ST: NC ZIP: 28405
CONTRACTOR: Robert McNeill LICENSE #:
ADDRESS: 221 Tanbridge Road CITY: Wilmington ST: NC ZIP: 28405
EMAIL ADDRESS: rbmoneill@libertyhcare.com PHONE #: (910) 840-6194
PROJECT CONTACT PERSON: Robert McNeill PHONE #: (910) 840-6194

EXISTING CONSTRUCTION: [X] ALTERATION [X] 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 SF [ ] STORAGE SHED SF
[ ] GREENHOUSE SF [ ] DECK SF OTHER: Finish attic 309 SF

TOTAL HEATED SQ FT: 309 TOTAL SQ FT UNDER ROOF: 309 TOTAL AREA SQ FT: 309

TOTAL PROJECT COST (Loss Lot) : \$ 10,000 # OF STORIES: 1

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? [X] Yes [ ] No
Is there Electrical Power on this Building? [X] Yes [ ] No

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

DESCRIPTION OF WORK: Finish existing attic area I.E. build knee walls, insulate (R-30), subfloor, electric outlets/ lighting, add to HVAC zone, sheetrock and finish

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: Robert McNeill SIGNATURE: [Signature]

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

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

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

WATER: [X] CFPWA [ ] COMMUNITY SYSTEM [ ] PRIVATE WELL [ ] CENTRAL WELL
SEWER: [X] 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) [X] AMERICAN EXPRESS [ ] MC/VISA [ ] DISCOVER

ZONE: R-15 OFFICER: [Signature] (FOR OFFICE USE ONLY) REVISED DATE 04/11/12
SETBACKS: F: N/A LH: N/A RH: N/A B: N/A

Approval: City: DATE: 7-22-16 FLOOD: X BFE+2ft=

Not an expansion or a change-in-use.

City Inspection Required, 910-254-0800

NHC

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2016-7269

16-2088



# 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: Ocean Blue Pools & Spas of NC DATE: 7-14-2016  
 DEVELOPER: Ocean Blue Pools & Spas of NC PHONE #: 910-799-3022  
 PROJECT ADDRESS: 4700 Split Rail Dr. CITY: Wilmington ZIP: 28412  
 SUBDIVISION: \_\_\_\_\_ BLOCK #: \_\_\_\_\_ LOT #: \_\_\_\_\_  
 PROPERTY OWNER'S NAME: Scott & Jennifer Smith PHONE #: 910-799-3022  
 OWNER'S ADDRESS: 4700 Split Rail Dr. CITY: Wilmington ST: NC ZIP: 28412  
 CONTRACTOR: Ocean Blue Pools & Spas LICENSE #: 73760  
 ADDRESS: 30 Covil Avenue CITY: Wilmington ST: NC ZIP: 28403  
 EMAIL ADDRESS: oceanbluwilmington@gmail.com PHONE #: 910-799-3022  
 PROJECT CONTACT PERSON: Susan Rowland PHONE #: 910-799-3022

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 510 SF
- STORAGE SHED \_\_\_\_\_ SF
- GREENHOUSE \_\_\_\_\_ SF
- DECK 810 SF
- OTHER: \_\_\_\_\_ SF

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

TOTAL PROJECT COST (Less Lot) : \$ 46,700.00 # 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: Inground Swimming Pool With Concrete Decking, Pool Code Main Drains, Pool Code Alarms, Existing Pool Code Fencing

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: Pauline Dunne SIGNATURE: \_\_\_\_\_  
(Print Name)

IS THE PROPERTY LOCATED IN A FLOODPLAIN?  YES  NO

EXISTING IMPERVIOUS AREA: 1392 SQ FT TOTAL ACRES DISTURBED: \_\_\_\_\_  
 NEW IMPERVIOUS AREA: 2202 SQ FT EXIST LAND DISTURBING PERMIT:  YES  NO

WATER:  CFPJA  COMMUNITY SYSTEM  PRIVATE WELL  CENTRAL WELL  
 SEWER:  CFPJA  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= \_\_\_\_\_  
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16-2129

2016-7275

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: Prestige Pools of Wilmington Inc DATE: 7-16-2016
DEVELOPER: PHONE #:
PROJECT ADDRESS: 3217 Barlow Ct CITY: Wilmington ZIP: 28409
SUBDIVISION: BLOCK #: LOT #:
PROPERTY OWNER'S NAME: Randy & Mary Hood PHONE #: 202-913-1826
OWNER'S ADDRESS: 3217 Barlow Ct CITY: Wilmington ST: NC ZIP: 28409
CONTRACTOR: Prestige Pools of Wilmington Inc LICENSE #: 59579
ADDRESS: 5307 South College Rd CITY: Wilmington ST: NC ZIP: 28412
EMAIL ADDRESS: prestigepools@wilmingtonsmail.com PHONE #: 910-529-2570
PROJECT CONTACT PERSON: Shane Kosnik PHONE #: 910-232-5375

EXISTING CONSTRUCTION: [X] 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 [X] POOL 377 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 LOW): \$ 40,000.00 # OF STORIES:

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: installation of fiberglass swimming pool

DISCLAIMER: I hereby certify that 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 if the contractor fails to provide contractor information. \*\*NOTE: Any Work Performed W/O the Appropriate Permit will be in Violation of the NC State Building Code and Subject to Penalties of \$5000 per day.

OWNER/CONTRACTOR: Shane Kosnik SIGNATURE: [Signature]

IS THE PROPERTY LOCATED IN A FLOODPLAIN? [ ] YES [X] NO
EXISTING IMPERVIOUS AREA: SQ FT TOTAL ACRES DISTURBED:
NEW IMPERVIOUS AREA: SQ FT EXIST LAND DISTURBING PERMIT: [ ] YES [ ] NO

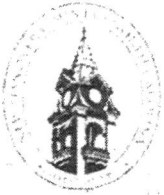
WATER: [X] CFPWA [ ] COMMUNITY SYSTEM [ ] PRIVATE WELL [ ] CENTRAL WELL
SEWER: [X] CEPLA [ ] CENTRAL SEPTIC [ ] PRIVATE SEPTIC [ ] COMMUNITY SYSTEM

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

ZONE: R-15 OFFICER: [Signature] SETBACKS: F N/A LH: 10' RH: 10' B: 10'
Approval: City: DATE: 7-22-16 FLOOD: X BFE+21"

Comment: No portion of pool or permanent pool structure including equipment, permitted within setbacks. PERMIT FEE: \$

2016-7286



# NEW HANOVER COUNTY BUILDING PERMIT

# 16-1980

APPLICATION TYPE: COMMERCIAL

PLEASE ANSWER ALL QUESTIONS APPLICABLE TO YOUR PROJECT

### "Project Responsibility"

APPLICATION Number (Office Use)

APPLICANT'S NAME: DAVID NATHANS DATE: 6/30/16  
 DEVELOPER: N/A PHONE #:  
 PROJECT ADDRESS: 102 S. Second street CITY: Wilmington ZIP: 28401  
 OCCUPANT/BUSINESS NAME: Tarantelli's Restaurant  
 PROPERTY OWNER'S NAME: Ryan Morabito PHONE #: 336-380-5392  
 OWNER'S ADDRESS: 102 S Second street CITY: Wilmington ST: NC ZIP: 28401  
 CONTRACTOR: Urban Building Corp LICENSE #: 58071 ACCOUNT #: N/A  
 ADDRESS: PO Box 358 CITY: Wilmington ST: NC ZIP: 28402  
 EMAIL ADDRESS: Dave@Urbanbuildingcorp.com PHONE #: 910-443-0747  
 PROJECT CONTACT PERSON: Dave Nathans PHONE #: 910-443-0747

(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: 1

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? Hotel What is the New Occupancy Type? Restaurant

ARCH DESIGN PROFESSIONAL: HIPP Architecture PH: 910-763-8968 NC REG #: 6056  
 ENGR DESIGN PROFESSIONAL: McDowell Consulting PH: 910-270-3747 NC REG #: 018518

DESCRIPTION OF WORK: Renovations to Existing Structure

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: DAVID NATHANS 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 (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: 90,000 BUILDING HEIGHT: 28' Existing # OF UNITS: 1  
 TOTAL AREA SQ FT: 4818 SQ FT PER FLR: N/A # OF STORIES: 2  
 TOTAL SQ FT UNDER ROOF: 9500 # OF STRUCTURES: 1 # OF FLOORS: 2

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: \_\_\_\_\_

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)  BILL ACCOUNT  MC/VISA  DISCOVER

ZONE: CBD OFFICER: [Signature] (FOR OFFICE USE ONLY) REVISIONS: (HDO)  
 SETBACKS: F: N/A LH: N/A RH: N/A B: N/A  
 Approval: \_\_\_\_\_ City: \_\_\_\_\_ DATE: 6-30-16 FLOOD: \_\_\_\_\_ X BFE+2ft= \_\_\_\_\_

Comment: No changes at all to exterior w/o a COA. PERMIT FEE: \$ 1,392.00  
 City Inspection Required. 910-254-0837



NEW HANOVER COUNTY BUILDING PERMIT

APPLICATION TYPE: COMMERCIAL

PLEASE ANSWER ALL QUESTIONS APPLICABLE TO YOUR PROJECT

"Project Responsibility"

APPLICATION Number (Office Use)

2016 7288 PE 16-2081

APPLICANT'S NAME: Carlton Fisher/ Coastal Realty DATE: 7/14/2016
DEVELOPER: PHONE #:
PROJECT ADDRESS: 143 Front St N CITY: Wilmington NC ZIP: 28401
OCCUPANT/BUSINESS NAME: Farmers Market
PROPERTY OWNER'S NAME: Carlton Fisher / Fisher Holdings LLC PHONE #: 910-763-5411
OWNER'S ADDRESS: 1608 Market St. CITY: Wilmington ST: NC ZIP: 28401
CONTRACTOR: Carlton Fisher LICENSE #:
ADDRESS: 1608 Market st. CITY: Wilmington ST: NC ZIP: 28401
EMAIL ADDRESS: cfisher@coastal-realty.com PHONE #: 910-763-5411
PROJECT CONTACT PERSON: Carlton Fisher PHONE #: 763-5411

EXIST CONSTRUCTION: ALTERATION RENOVATION GENERAL REPAIRS RELOCATION
If Relocation, is there a Natural Gas Line on the Current Site? Yes No S 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? Farmers Market

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

DESCRIPTION OF WORK: remove and replace existing roof with new epdm 060 rubber roof system.

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

DISCLAIMER: 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: Carlton Fisher 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 Worksheet: http://www.epi.state.nc.us/epi/asbestos/ahmp.html

TOTAL PROJECT COST: 129,000 BUILDING HEIGHT: 30 ft # OF UNITS: 1
TOTAL AREA SQ FT: 5,000 SQ FT PER FLR: 5,000 # OF STORIES: 1
TOTAL SQ FT UNDER ROOF: 5,000 # OF STRUCTURES: 1 # OF FLOORS: 1

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=
Comment PERMIT FEE: \$ 100



2016-7290



# NEW HANOVER COUNTY BUILDING PERMIT

APPLICATION TYPE: SIGNS / BILLBOARDS

## 16-2061

APPLICATION Number

(Office Use)

PLEASE PRINT CLEARLY & ANSWER ALL QUESTIONS  
"Project Responsibility"

APPLICANT'S NAME: Sherri Hartsell DATE: 7/11/2016  
 DEVELOPER: \_\_\_\_\_ PHONE #: \_\_\_\_\_  
 PROJECT ADDRESS: 2238 S 17th St CITY: Wilmington ZIP: \_\_\_\_\_  
 OCCUPANT/BUSINESS NAME: Exxon  
 PROPERTY OWNER'S NAME: Pheonix Mart PHONE #: \_\_\_\_\_  
 OWNER'S ADDRESS: 2238 S 17th St CITY: Wilmington ST: NC ZIP: 28401  
 CONTRACTOR: Total Imaging LICENSE #: \_\_\_\_\_ ACCOUNT #: \_\_\_\_\_  
 ADDRESS: 2054 Atlas Circle CITY: Gainesville ST: GA ZIP: 30501  
 EMAIL ADDRESS: sherri@advantage-permits.com PHONE #: 704-791-9789  
 PROJECT CONTACT PERSON: sherri hartsell PHONE #: 704-791-9789

(CHECK ALL THAT APPLY)

- ERECT  ALTER  REPAIR  ENLARGE  CHANGE OUT

DESCRIPTION OF WORK: Install new monument sign for Exxon, install 2 canopy logos

IS SIGN(S) ON OR OFF PREMISES?  ON  OFF

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: Sherri Hartsell SIGNATURE: \_\_\_\_\_  
(Print Name)

TYPE OF SIGN(S)

- FREESTANDING (Ground)  MARQUEE  PROJECTION  ROOF  
 SHINGLE  WALL  CANOPY  OTHER

City Fee \$80.00  
pd 7/22/16  
or

Total Number of Signs on this Project: 3

SIGN 1 Height: 8' Sign Dimensions: 4' X 8' Total SQ.FT. of Sign: 32  
 SIGN 2 Height: \_\_\_\_\_ Sign Dimensions: 3' X 8' Total SQ.FT. of Sign: 24  
 SIGN 3 Height: \_\_\_\_\_ Sign Dimensions: 3' X 8' Total SQ.FT. of Sign: 24  
 SIGN 4 Height: \_\_\_\_\_ Sign Dimensions: \_\_\_\_\_ X \_\_\_\_\_ Total SQ.FT. of Sign: \_\_\_\_\_

TOTAL PROJECT COST: \$ 8800.00 IS THE PROPERTY LOCATED IN A FLOODPLAIN?  Yes  No

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

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

\*\*\*\*\*

ZONE: CB OFFICER: Exm (FOR OFFICE USE ONLY) free standing sign setback REVISED DATE 3/30/12  
 SETBACKS: F: 10' LH: N/A RH: N/A B: N/A  
 Approval: ok City: WILM DATE: 7/22/16 FLOOD: \_\_\_\_\_ Zone X BFE+2ft= \_\_\_\_\_

Comment: Canopy signs not to exceed 20% of the canopy face to which it is attached. Freestanding sign must not be located within the triangular sight distance. PERMIT FEE: \$ 200.00  
 City Inspection Required, 910-254-0900

WMM

"OTC"

RECEIVED JUL 22 2016

2016-7293



# NEW HANOVER COUNTY BUILDING PERMIT

APPLICATION TYPE: SIGNS / BILLBOARDS

APPLICATION Number

PLEASE PRINT CLEARLY & ANSWER ALL QUESTIONS  
"Project Responsibility"

(Office Use)

APPLICANT'S NAME: September Signs DATE: 07/22/16  
 DEVELOPER: \_\_\_\_\_ PHONE #: \_\_\_\_\_  
 PROJECT ADDRESS: 132 Racine Drive unit # 11 CITY: Wilmington ZIP: 284  
 OCCUPANT/BUSINESS NAME: The Fix Chiropractor  
 PROPERTY OWNER'S NAME: Smith Creek Retail PHONE #: \_\_\_\_\_  
 OWNER'S ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 CONTRACTOR: September Signs LICENSE #: \_\_\_\_\_  
 ADDRESS: 6731-4 Amsterdam Way CITY: Wilmington ST: NC ZIP: 28405  
 EMAIL ADDRESS: bob@septembersigns.com PHONE #: 791-9084  
 PROJECT CONTACT PERSON: Bob Nabors PHONE #: 352-1341

(CHECK ALL THAT APPLY)

ERECT  ALTER  REPAIR  ENLARGE  CHANGE OUT

DESCRIPTION OF WORK: Install Channel letter sign

IS SIGN(S) ON OR OFF PREMISES?  ON  OFF

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: Bob Nabors SIGNATURE:   
(Print Name)

\*\*\*\*\*

### TYPE OF SIGN(S)

FREESTANDING (Ground)  MARQUEE  PROJECTION  ROOF  
 SHINGLE  WALL  CANOPY  OTHER

Total Number of Signs on this Project: \_\_\_\_\_

SIGN 1 Height: wall Sign Dimensions: 48" X 85" Total SQ.FT. of Sign: 28.3 sf  
 SIGN 2 Height: \_\_\_\_\_ Sign Dimensions: \_\_\_\_\_ X \_\_\_\_\_ Total SQ.FT. of Sign: \_\_\_\_\_  
 SIGN 3 Height: \_\_\_\_\_ Sign Dimensions: \_\_\_\_\_ X \_\_\_\_\_ Total SQ.FT. of Sign: \_\_\_\_\_  
 SIGN 4 Height: \_\_\_\_\_ Sign Dimensions: \_\_\_\_\_ X \_\_\_\_\_ Total SQ.FT. of Sign: \_\_\_\_\_

TOTAL PROJECT COST: \$ 4,900.00 IS THE PROPERTY LOCATED IN A FLOODPLAIN?  Yes  No

\*\*\* 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) REVISION DATE 3/30/12  
 ZONE: \_\_\_\_\_ OFFICER: \_\_\_\_\_ SETBACKS: F: \_\_\_\_\_ LH: \_\_\_\_\_ RH: \_\_\_\_\_ B: \_\_\_\_\_  
 Approval: \_\_\_\_\_ City: \_\_\_\_\_ DATE: \_\_\_\_\_ FLOOD: \_\_\_\_\_ BFE+2ft= \_\_\_\_\_  
 Comment: \_\_\_\_\_ PERMIT FEE: \$ 25-

Approved by Drew Bankowski. See attached email.