* free - NHCS*

NEW HANOVER COUNTY BUILDING PERMIT



APPLICATION TYPE: COMMERCIAL

PLEASE ANSWER ALL QUESTIONS APPLICABLE TO YOUR PROJECT

"Project Responsibility"

16-1601

	APPLICANT'S NAME: New Hanover County Schools	DATE: 5/31/16
	DEVELOPER: New Hanover County Schools PROJECT ADDRESS: 1307 Market St. CITY: Wilmington	HONE #: 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 P	HONE #: 910-254-4313
	OWNER'S ADDRESS: 6410 Carolina Beach Rd. CITY: Wilmington	
1	CONTRACTOR: tbd CONSTRUCTIVE BUILDING SOLUTIONS, LLC LICENSE #: 63300 A	CCOUNT #:
/	ADDRESS: 4032 MASONBORO LOOP ROAD -SUITE #101 CITY: WILMINGTON	ST: NC ZIP: 28409
		HONE #:
		HONE #: 910-254-4443
	(Check All That Apply) EXIST CONSTRUCTION: ALTERATION RENOVATION GENERAL REPAIRS REL If Relocation, is there a Natural Gas Line on the Current Site? Yes No IS BLDG SPRINKLER	RED? Yes No
	NEW CONSTRUCTION: ERECT NEW STRUCTURE FAST TRACK SHELL UPFIT ACCESSORY STRUCTURE: n/a	ADD TO EXIST STRUCTURE
	If UPFIT - The Shell Permit #: n/a Is Elect Power on this Bu	ilding Yes NO
	***** IS THIS A CHANGE OF OCCUPANCY USE? TYES INO *****	
	IF Yes, what was the Previous Occupancy Type? What is the New Occupan	ncy 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
皂	DESCRIPTION OF WORK: Renovations to Brogden Hall HVAC System	
	Is food or beverages prepared or served in this structure? Yes I No Is The Property Located In The	
	DISCLAIMER: I hereby certify that all information in this application is correct and all work will comply with the State Building C and local laws and ordinances and regulations. The NHC Development Services Center will be notified of any changes in the a or change in contractor or contractor information. ***NOTE: Any Work Performed W/O the Appropriate Permits will be in Violational Subject to Fines Up To \$500.00*** CHAIS LUMPKIA	Code and all other applicable State approved plans and specifications of the NC State Bldg Code and
Y	Subject to Fines Up To \$500.00*** CHRIS LUMPKIN OWNER/CONTRACTOR: Bddie Anderson SIGNATURE:	syxteen
/\	(Qualifier) (Print Name) Note: Demoiltion notifications & asbestos removal permit applications are to be submitted using the application form (DHHS-3768) who contain Asbestos or not. You are required to call the National Emission Standards for Hazardous Air Pollutants (NESHAP) at (919)707-	ether the facility or building was found to
	demolition of any facility or building. See Asbestos Web Site: http://www.epi.state.nc.us/epi/asbestos/ahmp.html	-5550 at loast 10 days prior to die
	TOTAL PROJECT COST: \$1,088,000 BUILDING HEIGHT: n/a #OF UNIT	S: <u>n/a</u>
	TOTAL AREA SQ FT : n/a SQ FT PER FLR: n/a #OF STOF	
	TOTAL SQ FT UNDER ROOF: n/a # OF STRUCTURES: n/a # OF FLOO	DRS: <u>n/a</u>
	ACRES DISTURBED:0- EXST LAND DISTURBING PERMIT	
	NEW IMPERVIOUS AREA: n/a SQ FT EXISTING IMPERVIOUS AREA: n/a	aSQFT
	PROPERTY USE: OFFICE RESTAURANT MERCANTILE FEDUC APT CONDO	OTHER:
	WATER: CFPUA COMMUNITY SYSTEM WELL ZONING USE CLASSIF SEWER: CFPUA CENTRAL SEPTIC PRIVATE SEPTIC COMMUNITY SYSTEM	FICATION: O&I
	*** SEPARATE PERMITS REQUIRED FOR ELECT, MECH, PLBG, GAS EQUIP, PREFABS & INSERTS ***	point
	PAYMENT METHOD: CASH CHECK (PAYABLE TO NHC) BILL ACCOUNT MC/VISA	
	ZONE: OFFICER: SETBACKS: F:LH:RH:B:_	REVISED DATE 4/11/12
		E+2ft=
	A V N	
	Comment: PERM	IT FEE: \$\lambda_1 \tag{\frac{1}{2}} \tag{\frac}

RECEIVED JUL 1 3 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 REMOVATIONS, INC. DATE: 7/13/16 DEVELOPER: PHONE #: 910 805 4337
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:
CONTRACTOR: GEER RENOVATIONS INC LICENSE #: ADDRESS: 3955-B MARKET ST CITY: WILMINGTON ST: ML ZIP: Z8403 EMAIL ADDRESS: GEERRENOVATIONS & GMAIL. COM PHONE #: 910 805 4377
PROJECT CONTACT PERSON: KEUIN GEER PHONE #: ZON 527 8698
EXISTING CONSTRUCTION: ALTERATION RENOVATION SERVERAL 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:
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: REPAR FLOORING SYSTEM WINEW 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 Bidg Code and Subject to Fines Up To \$500.00"."
OWNER/CONTRACTOR: KEVIN GEER SIGNATURE: But

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 ***********************************
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 ***********************************

City inspection Required, 910-254-05-00



2016-7262 PEZ 16-2076

NEW HANOVER COUNTY BUILDING PERMIT

APPLICATION TYPE: RESIDENTIAL

PLEASE ANSWER ALL QUESTIONS APPLICABLE TO YOUR PROJECT

"Project Responsibility"

Minute	1 1
APPLICANT'S NAME: Will JACKSON	DATE: 7/15/16
	HONE #: 910 547-8075
PROJECT ADDRESS: 4300 FORWALT Pl. CITY: Wilmingto	ZIP: Z8409
SUBDIVISION: LANDSDOWN SOUTH BLOCK #:	LOT #:
PROPERTY OWNER'S NAME: Kevin & Sean Kiser P	HONE #: 910 45Z-7008
CHNER'S ADDRESS: 4300 FORWALT PI CITY: Wilmington	
CONTRACTOR: JACKSON Bulling & Reno. LICENSE #: 70478	
ADDRESS: ZIO N Z3RD ST CITY: Wilmington	79106
	SI: <u>NC</u> ZIP: <u></u> <u></u>
EXISTING CONSTRUCTION: ALTERATION RENOVATION GENERAL REPAIRS	RELOCATION
NEW CONSTRUCTION: ERECT NEW RESIDENCE or ADDITION TO EXISTING RESIDENCE	CE
**PLEASE CHECK AND ANSWER BELOW ALL THAT APPLY TO YOUR PROJECT:	
ATT GARAGE SF DET GARAGE SF PORCH	SF
GREENHOUSE SF DECK SF OTHER:	SF 600
TOTAL HEATED SQ FT: 3000 TOTAL SQ FT UNDER ROOF: 200 TOTAL	L AREA SQ FT: 3200
TOTAL PROJECT COST (Less Lot): \$ 100,000,00 # OF STORIES: Z	
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 S	
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	TRAPES
DISCLAIMER: I hereby certify that all information in this application is correct and all work will comply with the State Building Code and all	
and ordinances and regulations. The NHC Development Services Center will be notified of any changes in the approved plans and specificantractor information. ***NOTE: Any Work Performed W/O the Appropriate Permits will be in Violation of the NC State Bidg Code and Su	
	()
(Print Name) ************************************	******
IS THE PROPERTY LOCATED IN A FLOODPLAIN? TYES NO	
EXISTING IMPERVIOUS AREA:SQ FT TOTAL ACRES DISTURBED:	
NEW IMPERVIOUS AREA:SQ FT EXIST LAND DISTURBING PERMIT	T: 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 &	TNSERTS ***
PAYMENT METHOD: CASH CHECK (PAYABLE TO NHC) AMERICAN EXPRESS MC	

(FOR OFFICE USE ONLY)	REVISED DATE 04/11/12
ZONE: OFFICER: SETBACKS: F: LH: RH:	
Approval:City:DATE:FLOOD:	
A V N	
Comment: PERMI	IT FEE: \$

RECEIVED JUL 1.4 2016



NEW HANOVER COUNTY BUILDING PERMIT

APPLICATION TYPE: RESIDENTIAL

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

APPLICANT'S NAME: Robert McNeill		DATE: 7/12/16
DEVELOPER: Robert McNeill		PHONE #: (910) 840-6194
PROJECT ADDRESS: 221 Tambridge Road SUBDIVISION:	CITY: Wilmington	ZIP: 28405
SUBDIVISION:	BLOCK #:	LOT #:
PROPERTY OWNER'S NAME: Robert McNeill OWNER'S ADDRESS: 221 Tanbridge Road		PHONE #: (910) *40-6194
OWNER'S ADDRESS: 221 Tanbridge Road	CITY: Wilmington	ST: NC ZIP: 28405
CONTRACTOR: Robert McNeill	LICENSE #:	
	CITY: Wilmington	ST: NC ZIP: 28405
EMAIL ADDRESS: rbmcneill@libertyhcare.com		PHONE #: (910) 840-6194
PROJECT CONTACT PERSON: Robert McNeill		PHONE #: (910) 840-6194
EXISTING CONSTRUCTION: 🗸 ALTERATION 🗸 RENOVATE	ON GENERAL REPAIRS	RELOCATION
NEW CONSTRUCTION: ERECT NEW RESIDENCE or A	DDITION TO EXISTING RESIDE	NCE
**PLEASE CHECK AND ANSWER BELOW ALL THAT APPLY TO YOUR	PROJECT:	
ATT GARAGE SF DET GARAGE	SF PORCH	SF
SUNROOMSF POOL	SF STORAGE SHED	SF
	SF OTHER: Finish at	
TOTAL HEATED SQ FT: 309 TOTAL SQ FT UN	IDER ROOE: 309 TOT	AL AREA SO ET: 309
TOTAL PROJECT COST (Loss Lot): \$ 10,000	# OF STORIES: 1	AL AILEA DO I I I
		No. D.No.
Is Any ELECTRICAL, PLUMBING or MECHANICAL Work Being Do If the project is a Relocation, is there a Natura	one to the accessory Structure	Site No.
The state of the s		Siter Tes No
Is there Electrical Power on this Building? 💽 Ye	S NO	
PROPERTY USE / OCCUPANCY: 🗸 SINGLE FAMILY 🔲 DU		
DESCRIPTION OF WORK: Finish existing attic area I	.E. build knee walls, insul	ate (R-30), subfloor,
electric outlets/ lighting, add to HVAC zone, shee	trock and finish	
DISCLAIMER: Thereby certify that all Information in this application is correct and all wo and ordinances and regulations. The NHC Development Services Centar will be notified contractor information. ***NOTE: Any Work Performed W/O the Appropriate Permits will	of any changes in the approved plans and spe	clifications or change in contractor or
OWNER/CONTRACTOR: Robert McNeill	SIGNATURE: N2	milall
(Print Name) ************************************		
IS THE PROPERTY LOCATED IN A FLOODPLAIN? YES	NO NO	
EXISTING IMPERVIOUS AREA: SQ FT	TOTAL ACRES DISTURBED: 0	
NEW IMPERVIOUS AREA: 0 SQ FT		
WATER: CFPUA COMMUNITY SYSTEM PRIVATE	WELL CENTRAL WELL	
SEWER: 🗸 CFPUA 🗌 CENTRAL SEPTIC 📗 PRIVATE SE		
PAYMENT METHOD: CASH CHECK (PAYABLE TO NHC)	AMERICAN EXPRESS	AC/VISA DISCOVER
(FOR OFFICE US	E ONLY)	REVISED DATE 04/11/12
ZONE: K-15 OFFICER: KHY) SETBACKS	FINA LH: NIARH: NIE	1 B: N/A
ZONE: R-15 OFFICER: KHY SETBACKS Aborroval: City: DATE: 7-22-16 FLOG	DD:	X BFE+2ft=
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THE CALL CARSON COLORS (N. C.)	MORITAL III Comme	



RECEIVED JUL 1 5- 2016 NEW HANOVER COUNTY BUILDING PERMIT

APPLICATION TYPE: RESIDENTIAL

PLEASE ANSWER ALL QUESTIONS APPLICABLE TO YOUR PROJECT

"Project Responsibility"

7016-7769

Number (Office Use)

		DATE: 7-14-2016
APPLICANT'S NAME: Ocean Blue Pools & Spas of NC		PHONE #: 910-799-3022
DEVELOPER: Ocean Blue Pools & Spas of NC	CTTV: Williams	
PROJECT ADDRESS: 4700 Split Rail Dr.	CITY: Wilmington	LOT #:
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	CITY: Wilmington	ST: NC ZIP: 28403
ADDRESS: 30 Covil Avenue	_ CITT: WIIMINGTON	PHONE #: 910-799-3022
EMAIL ADDRESS: oceanbluewilmington@gmail.com		and the state of t
PROJECT CONTACT PERSON: Susan Rowland		PHONE #: 910-799-3022
EXISTING CONSTRUCTION: ALTERATION RENOVAT		
NEW CONSTRUCTION: ERECT NEW RESIDENCE or	ADDITION TO EXISTING RESI	DENCE
**PLEASE CHECK AND ANSWER BELOW ALL THAT APPLY TO YOU	JR PROJECT:	
ATT GARAGE SF DET GARAGE	SF PORCH	SF
SUNROOMSF POOL 510	SE STORAGE SHE	D SF
SUNKOUMSF FOOL 510	SE OTHER	SF
GREENHOUSE SF DECK 810	or other.	A STATE OF THE PARTY OF THE PAR
TOTAL HEATED SQ FT: TOTAL SQ FT L	JNDER ROOF:T	OTAL AREA SQ FT:
TOTAL PROJECT COST (Less Lot) : \$ 46,700.00	# OF STORIES:	
To Any ELECTRICAL PLUMBING OF MECHANICAL Work Being	Done to the Accessory Struct	ure? Yes No
If the project is a Relocation, is there a Natur	ral Gas Line on the Curre	nt 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 Con	de Main Drains, Pool Code
Alarms, Existing Pool Code Fencing	a management to a construction of the	and all other applicable State and local laws
DISCLAIMER: I hereby certify that all information in this application is correct and all vand ordinances and regulations. The NHC Development Services Center will be notific contractor information. ***NOTE: Any Work Performed W/O the Appropriate Permits v	work will comply with the State Building Code led of any changes in the approved plans and will be in Violation of the NC State Bidg Code	d specifications or change in contractor or and Subject to Fines Up To \$500.00***
OWNER/CONTRACTOR: Pauline Dunne	SIGNATURE:	
(Print Name) ************************************	*********	******
IS THE PROPERTY LOCATED IN A FLOODPLAIN? YE		
EXISTING IMPERVIOUS AREA: 1392 SQ FT	TOTAL ACRES DISTURBED:	THE PAGE 100
NEW IMPERVIOUS AREA: 2202 SQ FT		ERMIT: YES NO
WATER: V CFPUA COMMUNITY SYSTEM PRIVAT	E WELL CENTRAL WELL	
SEWER: CFPUA CENTRAL SEPTIC PRIVATE	SEPTIC COMMUNITY SYST	EM
*** SEPARATE PERMITS REQUIRED FOR ELECT, PAYMENT METHOD: CASH CHECK (PAYABLE TO NE	MECH, PLBG, GAS EQUIP, PREF HC) AMERICAN EXPRESS [MC/VISA DISCOVER
**************************************		REVISED DATE 04/11/1
ZONE: OFFICER: SETBAC	1000	RFF+2ft=
Approval: City: DATE: F	LOOD:	DI LIZIC-

PECEIVED JUL 18 2016

16-2129 2016-7275

NEW HANOVER COUNTY BUILDING PERMIT



APPLICATION TYPE: RESIDENTIAL

PLEASE ANSWER ALL QUESTIONS APPLICABLE TO YOUR PROJECT

APPLICATION Number

-		"Project Res	sponsibility"		(Office Use)
APPLICANT'S NAME	: Prestige Pools	of wilmington 10	٧	AND SINGLE CONTRACTOR OF THE PROPERTY OF THE P	DATE: 7-16-2016
DEVELOPER:				PHONE	#:
PROJECT ADDRESS: SUBDIVISION:	3217 Barlow C1		CITY: Wilming	lon	ZIP: 28409 LOT #:
OWNER'S ADDRESS:	3217 Barlow CT	Pary Hood	CITY: Wilmington	PHONE	#: 202-913-1826 ST:nc IIP: 28409
CONTRACTOR: Pres	Aige Pools of Winth College 12d	limington inc	LICENSE #: 54579 CITY: Wilmington	PHONE	ST: nc ZIP: 28412 #: 910-509-2570
	PERSON: Shawe K	osnik	EX.	PHONE	#: 910-232-5375
			ION GENERAL REPA		
			ADDITION TO EXISTING		
		. THAT APPLY TO YOU			
				ce	
ATT GARAGE	St.	DET GARAGE	SF _ PORCH _	37	
SUNROOM	SF .	POOL 377	SF STORAGE	SHED	5f
GREENHOUSE	SF	DECK	SF OTHER:		SF
TOTAL HEATED S	Q FT:	TOTAL SQ FT U	NDER ROOF:	TOTAL AR	EA SQ FT:
TOTAL PROJECT	COST (Less LOS): \$	40,000.00	# OF STORIES:		
If the project is there Electric PROPERTY USE / C	s a Relocation. Ical Power on th OCCUPANCY: \(SI	is there a Natur is Building? NGLE (AMILY)	Done to the Acressory Stral Gas Line on the Cores \(\bigcup \text{NO} \) UPLEX \(\bigcup \text{(OWNHOUSE} \)	urnent Site?	Yes ■ No
		,	O .		
and ordinances and regulationNO	ons, The NHC Development OTE: Any Work Performed V	Services Center will be not by WO the Appropriate Permits w	vors well comply will the State St. km ad of any changes in the approves of the in Vidsation of the NC State and	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	De la
OWNER/CONTRACT	OR: Shame Kosni	K	SIGNATURE:	1 11 1	15/21/16
				+++++++++	7 × % ¥ † 5 × 4 × 8 * *
		OODPLAIN? YE			
EXISTING IMPERV	TOUS AREA:	SQ FI	TOTAL ACRES DISTURB	NG PERMIT	YES NO
NEW IMPERV	TOUS AREA:	20 F)	EXIST EXIST DISTORES.		name of
			E WELL CENTRAL WE SEPTIC COMMUNITY		
PAYMENT METHOU:		***********	(C) AMERICAN EXPRES	.,	
ZONE: R-15 O	FFICER: CHY	SETBAC DATE 7-22-16F	KS: FNA DI. 10	кн: <u>10°</u> з: <u>1</u>	<u>0</u> 1 FE+2ft
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		Permitte	d withah	soother	Ld.

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 WATHANS	DATE: 6/30/16
DEVELOPER: N/A	PHONE #:
PROJECT ADDRESS: 102 S. Second Street CITY: Wilmington	7TP · 28401
OCCUPANT/BUSINESS NAME: Tarantelli's Restaurant	211.20-101
0 00	27/ 70- 6702
PROPERTY OWNER'S NAME: Myan Morabito	PHONE #: 336-380-5392
OWNER'S ADDRESS: 102 & second street city: Wilmington	ST: NC ZIP: 28401
CONTRACTOR: Urban Building Corp LICENSE #: 58071	ACCOUNT #: N/A
ADDRESS: PO Box 358 CITY: Wilmington	ST: NCZIP: 28402
EMAIL ADDRESS: Dave a 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 R If Relocation, is there a Natural Gas Line on the Current Site? Yes No IS BLDG SPRINKL	ELOCATION ERED? Yes No
NEW CONSTRUCTION: ERECT NEW STRUCTURE FAST TRACK SHELL UPFIT ACCESSORY STRUCTURE:	ADD TO EXIST 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? Hotel What is the New Occup	pancy Type? Restainant
ARCH DESIGN PROFESSIONAL: Hipp Architecture PH: 910-763-9 ENGR DESIGN PROFESSIONAL: McDowell Consulting PH: 910-270-37	8968NC REG #: 6056 247 NC REG #: 018518
DESCRIPTION OF WORK: Renovations to Existing Structure	T. No Nes II. October
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 violable to Fines Up To \$500.00***	a Code and all other applicable State
OWNER/CONTRACTOR: DAVID NATHANS SIGNATURE:	
(Qualifier) (Print Name) Note: Demolition notifications & asbestos removal permit applications are to be submitted using the application form (DHHS-3768) to contain 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 07-5950 at least 10 days prior to the
TOTAL PROJECT COST: 90,000 BUILDING HEIGHT: 28 Existing # OF UN	ITS:
TOTAL AREA SQ FT: 4816 SQ FT PER FLR: NA #OF STO	
TOTAL SQ FT UNDER ROOF: 9500 # OF STRUCTURES: # OF FLO	OORS: Z
ACRES DISTURBED: N/A EXST LAND DISTURBING PERM	IT? YES X NO
NEW IMPERVIOUS AREA: SQ FT EXISTING IMPERVIOUS AREA:	NIA SQFT
PROPERTY USE: OFFICE RESTAURANT MERCANTILE EDUC APT CONI	DO OTHER:
WATER: CFPUA COMMUNITY SYSTEM WELL ZONING USE CLASS SEWER: CFPUA CENTRAL SEPTIC PRIVATE SEPTIC COMMUNITY SYSTEM	SIFICATION:
"" SEPARATE FERMITS REQUIRED FOR ELECT, MECH, PLBG, GAS EQUIP, PREFABS & INSERTS "	
PAYMENT METHOD: CASH CHECK (PAYABLE TO NHC) BILL ACCOUNT MC/VIS	SA DISCOVER
ZONE: CBD OFFICER: (FOR OFFICE USE ONLY) SETBACKS: F: NIA LH: NIA RH: NIA I	REVISED DATE 4/11/12
	FE+2ft=
A V N	1291 0
The I was a second	MIT FEE: \$ 7, 5 /2 . 68 QUIFEQ. 910-254-0000

2016 7288



NEW HANOVER COUNTY BUILDING PERMIT PEZIG-2081

APPLICATION TYPE: COMMERCIAL

PLEASE ANSHER ALL QUESTIONS APPLICABLE TO YOUR PROJECT

"Project Responsibility"

APPLICANT'S NAME: Carlton Fisher/ C	oastal Realty			DATE: 7/14/2016
APPLICANT'S NAME: Carlton Fisher/ C DEVELOPER:			PHONE	#:
PROJECT ADDRESS: 143 Front St N		CITY: Wilmin	gton NC	ZIP: 28401
OCCUPANT/BUSINESS NAME: Farmers Mar	ket			
PROPERTY OWNER'S NAME: Carlton Fish	= / Fisher Hol	dings LLC	PHONE	#: 910-763-5411
OWNER 3 ADDRESS. 1000 Market St.	C1	IY. WIIHINGTON		ST: NC ZIP: 28401
CONTRACTOR: Carlton Fisher	L	ICENSE #:		
ADDRESS: 1608 Market st.	CI	TY: Wilmington		ST: NC ZIP: 28401
EMAIL ADDRESS: cfisher@coastal-real	ty.com		PHONE	#: 910-763-5411
PROJECT CONTACT PERSON: Carlton Fis	her		PHONE	#: 763-5411
EXIST CONSTRUCTION: ALTERATION f Relocation, is there a Natura Gas Line on the	Current Site? Yes	GENERAL REPAIR NO S BLDG	SPR NKLEREDA	Yes No
NEW CONSTRUCTION: ERECT NEW STRU ACCESSORY STRUCTURE:		CK SHELL	UPFIT ADD 1	O EXIST STRUCTURE
If UPFIT The Shell Permit #:	I	s Elect Power o	n this Buildir	ng Yes NO
	CHANGE OF OCCUPANCY			
IF Yes, what was the Previous Occupancy				
ARCH DESIGN PROFESSIONAL: ENGR DESIGN PROFESSIONAL:		PH: PH:	NC NC	REG #:
DESCRIPTION OF WORK: remove and rep	lace existing roof	with new epdm	060 rubber roc	of sy stem.
Is food or beverages prepared or served in this s	structure? Yes No	Is The Property L	ocated in The Floo	odplain? Yes No
DISCLAIMER: hereby certify that a information in this a and ora laws and ordinances and regulations. The NHC or change in contractor or contractor information. ***NOTE Subject to Fines Up To \$500.00***	pp idation is correct and a w	ork will come v with the S	State Building Code an	d a lother applicable State
OWNER/CONTRACTOR: Carlton Fish		SIGNATURE	alle	Sph
Note: Demolition notifications & asbestos removal permit applicantain Asbestos or not. You are required to call the National demolition of any facility or building. See Asbestos Westign.	Emission Standards for Hazard	lous Air Pollutants (NESH/	HHS-3768) whether the AP) at (919)707-5950 at	facility or building was found to least 10 days prior to the
	BUILDING HEIGHT: 30			
TOTAL AREA SQ FT : 5,000 STOTAL SQ FT UNDER ROOF: 5,000	SQ FT PER FLR: 5,00 # OF STRUCTURES: 1	0	# OF STORIES: 1 # OF FLOORS: 1	
ACRES DISTURBED: NEW IMPERVIOUS AREA:	EXS SQ FT EXIS	T LAND DISTURBING TING IMPERVIOUS	G PERMIT?	YES NO SQ FT
PROPERTY USE: OFFICE RESTAURA				
WATER: CFPUA COMMUNITY SYST		ZONING U	SE CLASSIFICATI	
*** SEPARATE PERMITS REQUIRED				_
PAYMENT METHOD: CASH CHECK (I				
法查查公共自由证法会议共和的证据的实施的政治政治实际实际实际实际实际实际实际实际			************	
ZONE:OFFICER:	(FOR OFFICE USE ONL SETBACKS: F:		H: B:	REVISED DATE 4/11/12
Approval: City: DATE:	FLOOD:		BFE+2ft=	10
Comment		A V	N PERMIT FE	E: \$ / 00

2016-7290



NEW HANOVER COUNTY BUILDING PERMIT

APPLICATION TYPE: SIGNS / BILLBOARDS

16-2061

APPLICATION Number

PLEASE PRINT CLEARLY & ANSWER ALL QUESTIONS (Office Use)
"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	#:	
	CITY: Wilmington			
	CITY: Gainesville			
EMAIL ADDRESS: sherri@advantage-permits.com	Gainesville			791-9789
PROJECT CONTACT PERSON: sherri hartsell		PHONE	#: 704-	791-9789
(CHECK ALL T ✓ ERECT ☐ ALTER ☐ REPAIR DESCRIPTION OF WORK: Install new monument sign for	ENLARGE CHANGE			
IS SIGN(S) ON OR OFF PREMISES? W ON OFF				
15 SIGN(5) ON ON ON THEIRISES. 12 ON OTT				
DISCLAIMER: I hereby certify that all information in this application is correct and all work and ordinances and regulations. The NHC Development Services Center will be notified of contractor information. ***NOTE: Any Work Performed W/O the Appropriate Permits will be	f any changes in the approved plans and sp	ecifications	s or change in	n contractor or
OWNER/CONTRACTOR: Sherri Hartsell (Print Name)	SIGNATURE:			
**************************************	********	****	*****	****
TYPE OF SIGN(S)		Cite	1 1-00	\$ 80-
FREESTANDING (Ground) MARQUEE SHINGLE WALL	PROJECTION ☐ ▼ CANOPY	ROOF OTHER	ř	\$ 80° 00 7/22/14
Total Number of Signs o	on this Project: 3			
SIGN 1 Height: 8' Sign Dimensions: 4' SIGN 2 Height: Sign Dimensions: 3' SIGN 3 Height: Sign Dimensions: 3' SIGN 4 Height: Sign Dimensions:	X 8' Total SQ. X 8' Total SQ.	FT. of	Sign: Sign:	24
TOTAL PROJECT COST: \$ 8800.00 IS THE PROPER	TY LOCATED IN A FLOODP	LAIN?	Yes	₩ No
*** SEPARATE PERMITS REQUIRED FOR ELECT, MECH	, PLBG, GAS EQUIP, PREFABS	& INSER	TS ***	
PAYMENT METHOD: CASH CHECK (PAYABLE TO NH	C) BILL ACCOUNT	MC/VIS	Δ Γ	DISCOVER
***************************************		,, v13		1 223601211
ZONE: Cb OFFICER: EVM SETBACKS: Approval: OF City: WIM DATE: 7 22 16 FLOOR	and the same of th	B: N X BF	****** D DATE 3/3 /A E+2ft=	8/12
comment: Canopy Sigms not to exceed 20%. To which this atlached. Expestanding	of the canopy face sign must not be lo	MIT FE	E: \$	200, 00
mangular signt distance	City In	nantia	n Dage	MAR ATA AFEAS
mangular signt distance.	(- in)	haciio	n Requ	rea. Y1U-254-15





2016-7293

NEW HANOVER COUNTY BUILDING PERMIT

APPLICATION TYPE: SIGNS / BILLBOARDS

APPLICATION Number

(Office Use)

PLEASE PRINT CLEARLY & ANSWER ALL QUESTIONS "Project Responsibility"

APPLICANI'S NAME: Septembe	r Signs			DATE: 07/22/16
DEVELOPER:			PHONE	#:
PROJECT ADDRESS: 132 Racin		CITY: Wil	mington	ZIP: 284
OCCUPANT/BUSINESS NAME: Th	e Fix Chiropractor			
PROPERTY OWNER'S NAME: Smi	th Creek Retail		PHONE	#:
OWNER'S ADDRESS:		CITY:		ST: ZIP:
CONTRACTOR: September Sign	5	LICENSE #:		
ADDRESS: 6731-4 Amsterdam	way	CITY: Wilmingto	on	ST: NC ZIP: 28405
EMAIL ADDRESS: bob@septemb	ersigns.com		PHONE	#: 791-9084
PROJECT CONTACT PERSON: BO			PHONE	#: 352-1341
	(CHECK ALI	L THAT APPLY)		
✓ ER	ECT ALTER REP		CHANGE OUT	
DESCRIPTION OF WORK: Insta			_ CHANGE OUT	
IS SIGN(S) ON OR OFF PREMI	SESP TON TOPE			
25 52611(5) OH OH OH PHENZ	723. E ON L ON			_
DISCLAIMER: I hereby certify that all informati and ordinances and regulations. The NHC Dev				
contractor information. ***NOTE: Any Work Pe	formed W/O the Appropriate Permits	will be in Violation of the NC S	tate Bldg Code and Subject	to Fines Up To \$500.00***
CURIED (COUTDACTOR				7
OWNER/CONTRACTOR: Bob Nak		SIGNATURE:	V	
**********	(Print Name) ***********	*******	********	*****
TYPE OF SIGN(S)				
_		_		
FREESTANDING	(Ground) MARQ	UEE PROJECT	TION ROOF	
SHINGLE	✓ WALL	CANOPY	U OTHE	R
1	otal Number of Sign	ns on this Projec	:t:	
SIGN 1 Height: wall	Sign Dimensions: 48"	X 95"	Total SO FT o	f Sign: 28 3 sf
SIGN 2 Height:				
SIGN 3 Height:				
SIGN 4 Height:				
TOTAL PROJECT COST: \$ 4.	300.00 IS THE PRO	PERTY LOCATED IN	A FLOODPLAIN?	Yes No
*** SEPARATE PERMI	TS REQUIRED FOR ELECT,	MECH, PLBG, GAS EQU	IP, PREFABS & INSE	RTS ***
PAYMENT METHOD: CASH	CHECK (PAYABLE TO	O NHC) AMERIC	AN EXPRESS	nc/visa Discover
**********	*******	******	******	******
ZONE . OFFICER	*	ICE USE ONLY)		SED DATE 3/30/12
ZONE:OFFICER:	SETBAC	KS: F:LH:	RH: B:_	FE 125+- 0./
Approval:City:	DATE: F	Α	B	re+2Tl=
Comment:			PERMIT F	