

NO PLBG
NO ENV H

A-1 Type IIA Fire
02

2016-10522
16-2750



NEW HANOVER COUNTY BUILDING PERMIT

APPLICATION TYPE: COMMERCIAL

PLEASE ANSWER ALL QUESTIONS APPLICABLE TO YOUR PROJECT

APPLICATION Number (Office Use)

"Project Responsibility" 727.346.5505

APPLICANT'S NAME: Richard A. Bung on behalf of Regal Cinema. DATE: 8-11-16

DEVELOPER: _____ PHONE #: _____

PROJECT ADDRESS: 900 Town Center Dr. CITY: Wilmington ZIP: 28405

OCCUPANT/BUSINESS NAME: Regal Entertainment Group

PROPERTY OWNER'S NAME: EPT Wilmington Inc PHONE #: _____

OWNER'S ADDRESS: 909 Walnut St. CITY: Kansas City ST: MO ZIP: 64106

CONTRACTOR: To Be Determined LICENSE #: _____

ADDRESS: _____ CITY: _____ ST: _____ ZIP: _____

EMAIL ADDRESS: RichardBung@uspermit.net PHONE #: _____

PROJECT CONTACT PERSON: _____ PHONE #: _____

Lie Contractor

(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: Ronald Raymond Stotser PH: 706-571-9227 NC REG #: 5482

ENGR DESIGN PROFESSIONAL: Sam E. Patton PH: 512-633-5396 NC REG #: 13112

DESCRIPTION OF WORK: Overbuild of existing stadium seating for luxury seating conversion

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***

Lien

OWNER/CONTRACTOR: Richard Bung SIGNATURE: [Signature]

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

TOTAL PROJECT COST: 2,800,000 BUILDING HEIGHT: 63'9" (Exist) # OF UNITS: _____

TOTAL AREA SQ FT: 57,338sf (Exist) SQ FT PER FLR: _____ # OF STORIES: 1 w/mezzani

TOTAL SQ FT UNDER ROOF: 57,338sf # OF STRUCTURES: _____ # OF FLOORS: _____

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) REVISD DATE 4/11/12

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

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

Comment _____ PERMIT FEE: \$ _____

city fire, mech, elec. Bldg. city zone

NO PLUG
NO ENV H

A-1 Type IIA +10
CE

2016-10522
16-2750



NEW HANOVER COUNTY BUILDING PERMIT

APPLICATION TYPE: COMMERCIAL

PLEASE ANSWER ALL QUESTIONS APPLICABLE TO YOUR PROJECT

APPLICATION Number (Office Use)

"Project Responsibility" 727.346.5505

APPLICANT'S NAME: Richard A. Burg on behalf of Regal Cinema. DATE: ~~844-462-739~~

DEVELOPER: PROJECT ADDRESS: 900 Town Center Dr. CITY: Wilmington PHONE #: ZIP: 28405

OCCUPANT/BUSINESS NAME: Regal Entertainment Group

PROPERTY OWNER'S NAME: EPT Wilmington Inc PHONE #: ST: MO ZIP: 64106

OWNER'S ADDRESS: 909 Walnut St. CITY: Kansas City

CONTRACTOR: Benning Construction Company LICENSE #: 3775 CITY: Atlanta ST: GA ZIP: 30339

ADDRESS: 4695 S. Atlanta Road SE

EMAIL ADDRESS: ryce@benningnet.com PHONE #: 404-798-1911

PROJECT CONTACT PERSON: RYCE A. ELLIOTT PHONE #: 404-787-4735

(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: Ronald Raymond Stotser PH: 706-571-9227 NC REG #: 5482

ENGR DESIGN PROFESSIONAL: Sam E. Patton PH: 512-633-5396 NC REG #: 13112

DESCRIPTION OF WORK: Overbuild of existing stadium seating for luxury seating conversion

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 to the approved plans and specifications or change of contractor or contractor information. ***NOTE: All Work Performed W/O the Appropriate Permits will be in violation of the State Building Code and Subject to Fines of \$5000***

OWNER/CONTRACTOR: Richard Burg (Qualifier) SIGNATURE: [Signature] RYCE A. ELLIOTT, President

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

TOTAL PROJECT COST: 2,800,000 BUILDING HEIGHT: 63'9" (EXIST) # OF UNITS:

TOTAL AREA SQ FT: 57,338sf (EXIST) SQ FT PER FLR: # OF STORIES: 1 mezzanine

TOTAL SQ FT UNDER ROOF: 57,338sf # OF STRUCTURES: # OF FLOORS:

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: CFPWA COMMUNITY SYSTEM WELL ZONING USE CLASSIFICATION:

SEWER: CFPWA CENTRAL SEPTIC PRIVATE SEPTIC COMMUNITY SYSTEM

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

(FOR OFFICE USE ONLY)

REVISED DATE 4/11/12

ZONE: OFFICER: SETBACKS: F: LH: RH: B: PERMIT FEE: \$

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

Comment



NEW HANOVER COUNTY BUILDING PERMIT

APPLICATION TYPE: RESIDENTIAL

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

2017-257

~~17-22~~
Application
Number
(office use)

APPLICANT'S NAME: Reynolds Miars Date: 1/3/2017
PROJECT ADDRESS: 2501 Canterbury Road CITY: Wilmington ZIP: 28403
SUBDIVISION: South Oleander LOT #: _____

PROPERTY OWNER'S NAME: Reynolds Miars PHONE #: 910-520-2058
OWNER'S ADDRESS: 2501 Canterbury Road CITY: Wilmington ZIP: 28403

CONTRACTOR: Funston Company BLDG LICENSE #: 67703
ADDRESS: PO Box 100 CITY: Winnabow ST: NC ZIP: 28479
EMAIL ADDRESS: rmiars@funstonco.com PHONE: 910-343-3143

PROJECT CONTACT PERSON: Reynolds Miars PHONE: 910-520-2058

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): \$100,000.00

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: Kitchen and Master Bedroom Renovation

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: Reynolds Miars Signature: _____
"Licensed Qualifier" Print Name

Is the property located in a floodplain? Yes No

Existing Impervious Area: _____ Sq Ft Total Acres Disturbed: 0

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: \$ _____



2017-257

NEW HANOVER COUNTY BUILDING PERMIT
APPLICATION TYPE: RESIDENTIAL
PLEASE ANSWER ALL QUESTIONS APPLICABLE TO YOUR PROJECT
"Project Responsibility"

17-22
Application Number (office use)

APPLICANT'S NAME: Reynolds Miars Date: 1/3/2017
PROJECT ADDRESS: 2501 Canterbury Road CITY: Wilmington ZIP: 28403
SUBDIVISION: South Oleander LOT #:

PROPERTY OWNER'S NAME: Reynolds Miars PHONE #: 910-520-2058
OWNER'S ADDRESS: 2501 Canterbury Road CITY: Wilmington ZIP: 28403

CONTRACTOR: Funston Company BLDG LICENSE #: 67703
ADDRESS: PO Box 100 CITY: Winnabow ST: NC ZIP: 28479
EMAIL ADDRESS: rmiars@funstonco.com PHONE: 910-343-3143

PROJECT CONTACT PERSON: Reynolds Miars PHONE: 910-520-2058

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): \$100,000.00

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: Kitchen and Master Bedroom Renovation

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: Reynolds Miars Signature:
Licensed Qualifier Print Name

Is the property located in a floodplain? Yes No

Existing Impervious Area: Sq Ft Total Acres Disturbed: 0

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: TU Setbacks (F) N/A (LH) N/A (RH) N/A (B) N/A

Approval: OK City: WILM Date: 1/5/17 Flood: (A) (V) (N) X BFE+2ft=

Comment: NO EXPANSION TO EXISTING FOOTPRINT. NO CHANGE OF USE. INTERIOR WORK ONLY. Permit Fee: \$



NEW HANOVER COUNTY BUILDING PERMIT

2017-269

APPLICATION TYPE: COMMERCIAL

PLEASE ANSWER ALL QUESTIONS APPLICABLE TO YOUR PROJECT

"Project Responsibility"

APPLICATION Number (Office Use)

APPLICANT'S NAME: Cape Fear Maintenance, Inc DATE:
DEVELOPER: PHONE #:
PROJECT ADDRESS: 1474 Barclay Pointe Blvd. #206 CITY: Wilmington NC ZIP:
OCCUPANT/BUSINESS NAME: Zocalo Street Food & Tequila
PROPERTY OWNER'S NAME: Colett/Cameron Properties PHONE #:
OWNER'S ADDRESS: 1111 Metropolitan Ave. Ste 700 CITY: Charlotte ST: NC ZIP: 28404
CONTRACTOR: Cape Fear Maintenance Inc LICENSE #: 35162
ADDRESS: 1405 39th Street CITY: Wilmington ST: NC ZIP: 28403
EMAIL ADDRESS: peter@capefearmaintenance.com PHONE #: 910-232-3163
PROJECT CONTACT PERSON: Peter O'Brien PHONE #: 910-232-3163

(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 Restaurant

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: Peter F. O'Brien 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: \$230,000 BUILDING HEIGHT: # OF UNITS:
TOTAL AREA SQ FT: 3475 SQ FT PER FLR: # OF STORIES:
TOTAL SQ FT UNDER ROOF: # OF STRUCTURES: # OF FLOORS:

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

NO FIRE
NO CFPVA

NO ENV H
CZ

2017-274
16-3293



NEW HANOVER COUNTY BUILDING PERMIT

APPLICATION TYPE: COMMERCIAL

PLEASE ANSWER ALL QUESTIONS APPLICABLE TO YOUR PROJECT

"Project Responsibility"

APPLICATION
Number
(Office Use)

APPLICANT'S NAME: Rodgers Builders Inc DATE: _____
 DEVELOPER: _____ PHONE #: _____
 PROJECT ADDRESS: 212 S. State St. Street CITY: Wilmington ZIP: 28401
 OCCUPANT/BUSINESS NAME: New Hanover Regional Medical Center
 PROPERTY OWNER'S NAME: New Hanover Regional Medical Center PHONE #: _____
 OWNER'S ADDRESS: 212 S. State St. Street CITY: Wilmington ST: N ZIP: 28401
 CONTRACTOR: Rodgers Builders Inc. LICENSE #: 3947-U
 ADDRESS: 25 S. Independence Blvd. Suite 200 CITY: Wilmington ST: N ZIP: 28401
 EMAIL ADDRESS: dtorrence@roddersbuilders.com PHONE #: 704-299-1106
 PROJECT CONTACT PERSON: David Torrence PHONE #: 704-299-1106

(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: J. Kenyon Worell PH: 919-306-0245 NC REG #: 10445
 ENGR DESIGN PROFESSIONAL: James L. F. Egan Jr PH: 919-306-4717 NC REG #: 32040

DESCRIPTION OF WORK: Interior renovation of office area into Waiting Pm & EMS Room

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 Torrence (Qualifier) (Print Name) *SIGNATURE: [Signature]

Note: Demolition notifications & asbestos removal permit applications are to be submitted using the application form (DHHS-3788) 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: BE \$244,000 BUILDING HEIGHT: _____ # OF UNITS: _____
 * TOTAL AREA SQ FT: 813 SF SQ FT PER FLR: _____ # OF STORIES: _____
 TOTAL SQ FT UNDER ROOF: _____ # OF STRUCTURES: _____ # OF FLOORS: _____

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: Medical
 WATER: CFPVA COMMUNITY SYSTEM WELL ZONING USE CLASSIFICATION: _____
 SEWER: CFPVA 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: \$ FREE - NHRMC



APPLICATION TYPE: RESIDENTIAL

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

Application Number (to be use) 2017-359-305

APPLICANT'S NAME: Rick S. Vinci Date: 12-26-16
PROJECT ADDRESS: 8516 Coconut Ct. CITY: Wilmington ZIP: 28411
SUBDIVISION: Registry @ Vineyard Plantation LOT #: 81

PROPERTY OWNER'S NAME: Rick S Vinci PHONE #: 910-300-0609
OWNER'S ADDRESS: 132 Roughleaf Trail CITY: Hampstead ZIP: 28443

CONTRACTOR: Family Home Builders BLDG LICENSE #: 59363
ADDRESS: PO Box 126 CITY: Spenceport ST: NY ZIP: 14559
EMAIL ADDRESS: rickrvmasonry@aol.com PHONE: 59363 910-300-0609

PROJECT CONTACT PERSON: Rick S Vinci PHONE: 910-300-0609

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

PLEASE CHECK AND ANSWER BELOW ALL THAT APPLY TO YOUR PROJECT

[X] Att Garage (SF) 450 [] Det Garage (SF) [] Porch (SF) 170
[X] Sunroom (SF) 192 [] 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: 2475 Unheated: 812
TOTAL PROJECT COST (Less Lot): \$ 150,000

Is the proposed work changing the number of bedrooms? [] Yes [X] No
Is any Electrical, Plumbing or Mechanical work being done to the Accessory Structure [] Yes [X] No
If the project is a Relocation, is there a Natural Gas Line on the current site? [] Yes [X] No
Is there Electrical Power on this Building? [] Yes [] No

Property Use/ Occupancy: [X] Single Family [] Duplex [] Townhouse
Description of Work: Construction of new Home as per print

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: Rick S Vinci Signature: Rick S. Vinci
"Licensed Qualifier" Print Name

Is the property located in a floodplain? [] Yes [X] No
Existing Impervious Area: 0 Sq Ft Total Acres Disturbed: 6444 ft^2
New Impervious Area: 2294 Sq Ft Existing Land Disturbing Permit: [] Yes [] No

WATER: [X] CFPWA [] Community System [] Private Well [] Central Well [] Aqua
SEWER: [X] 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: \$



APPLICATION TYPE: RESIDENTIAL

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

Application Number (office use) 2017-305

APPLICANT'S NAME: Kevin Brongo Date: 12-26-16
PROJECT ADDRESS: 8516 Coconut Court CITY: Wilmington ZIP: 28411
SUBDIVISION: Registry @ Vineyard Plantation LOT #: 81

PROPERTY OWNER'S NAME: Rick Vinci PHONE #: 910-300-0609
OWNER'S ADDRESS: 132 Roughleaf Trail CITY: Hampstead NC ZIP: 28443

CONTRACTOR: Family Home Builders BLDG LICENSE #: 59363
ADDRESS: PO Box 126 CITY: Spencerport ST: NY ZIP: 14559
EMAIL ADDRESS: PHONE:

PROJECT CONTACT PERSON: Kevin Brongo PHONE: 585-370-6758

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

[x] Att Garage (SF) 450 [] Det Garage (SF) - [x] Porch (SF) 170
[x] Sunroom (SF) 192 [] 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: 2475 Unheated: 812
TOTAL PROJECT COST (Less Lot): \$ 150,000

Is the proposed work changing the number of bedrooms? [] Yes [x] No
Is any Electrical, Plumbing or Mechanical work being done to the Accessory Structure [] Yes [x] No
If the project is a Relocation, is there a Natural Gas Line on the current site? [] Yes [x] No
Is there Electrical Power on this Building? [] Yes [x] No

Property Use/ Occupancy: [x] Single Family [] Duplex [] Townhouse
Description of Work: Construction of New Home as per Print

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 contract 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: Kevin Brongo Signature: Kevin Brongo
"Licensed Qualifier" Print Name

Is the property located in a floodplain? [] Yes [x] No
Existing Impervious Area: 0 Sq Ft Total Acres Disturbed: 6444 Ft^2
New Impervious Area: 2294 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: \$



NEW HANOVER COUNTY BUILDING PERMIT

APPLICATION TYPE: RESIDENTIAL

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

Email

Print 2017-307
17-45

Application
Number
(office use)

APPLICANT'S NAME: M. Brandon Copps Date: _____
PROJECT ADDRESS: 138 Bayshore Drive CITY: Wilmington ZIP: 28411
SUBDIVISION: Bayshore Estates LOT #: 138

PROPERTY OWNER'S NAME: Sarah Paschall PHONE #: 233-3822
OWNER'S ADDRESS: 225 Simmons Dr. CITY: Wilmington ZIP: 28411

CONTRACTOR: Frank Williams BLDG LICENSE #: 69395
ADDRESS: 225 Simmons Dr. CITY: Wilmington ST: NC ZIP: 28411
EMAIL ADDRESS: FWBCINC@GMAIL.COM PHONE: 910-471-6178

PROJECT CONTACT PERSON: Brandon Copps PHONE: 612-3769

- 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) 120
Patio

Is the proposed work changing the existing footprint? Yes No

TOTAL SQ FT UNDER ROOF (for proposed work) Heated: 1251 Unheated: 646

TOTAL PROJECT COST (Less Lot): \$ 175,732

- 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: construct new residence

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: Frankie Williams Signature: _____
"Licensed Qualifier" Print Name

Is the property located in a floodplain? Yes No

Existing Impervious Area: 20,000 Sq Ft Total Acres Disturbed: < 1 acre

New Impervious Area: 18,103 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: \$ 847



NEW HANOVER COUNTY BUILDING PERMIT

APPLICATION TYPE: RESIDENTIAL

PLEASE ANSWER ALL QUESTIONS APPLICABLE TO YOUR PROJECT

"Project Responsibility"

2017-309

16-3498

APPLICANT'S NAME: Liquid Designs of NC Date: 12/9/16
 PROJECT ADDRESS: 110 Beach Road South CITY: Figure Eight Island ZIP: 28411
 SUBDIVISION: NA LOT #: NA

PROPERTY OWNER'S NAME: Keegan PHONE #: _____
 OWNER'S ADDRESS: 110 Beach Road South CITY: Figure Eight Island ZIP: 28411

CONTRACTOR: Liquid Designs of NC BLDG LICENSE #: 66347
 ADDRESS: P.O. Box 7 CITY: Rolesville ST: NC ZIP: 27571
 EMAIL ADDRESS: craig@liquiddesignsnc.com PHONE: 919-921-0842

PROJECT CONTACT PERSON: Craig Mayhugh PHONE: 919-921-0842

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 type="checkbox"/> Sunroom (SF) _____ | <input checked="" type="checkbox"/> Pool (SF) <u>450</u> | <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: NA Unheated: NA

TOTAL PROJECT COST (Less Lot): \$ 60,000.00

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

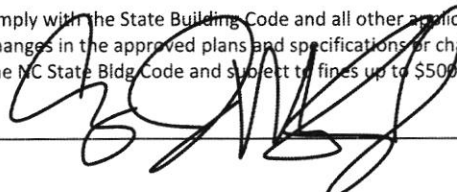
If the project is a **Relocation**, is there a Natural Gas Line on the current site? Yes No

Is there Electrical Power on this Building? Yes No

Property Use/ Occupancy: Single Family Duplex Townhouse

Description of Work: Construct 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: Craig J. Mayhugh Signature: 
 "Licensed Qualifier" Print Name

Is the property located in a floodplain? Yes No

Existing Impervious Area: 6030 Sq Ft Total Acres Disturbed: .609

New Impervious Area: 750 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: \$ _____

B + H.



NEW HANOVER COUNTY BUILDING PERMIT
APPLICATION TYPE: RESIDENTIAL
PLEASE ANSWER ALL QUESTIONS APPLICABLE TO YOUR PROJECT
"Project Responsibility"

PEZ 17-21

2017-316

Application Number (office use)

APPLICANT'S NAME: Stephen M. Nix Date: 1/4/17
PROJECT ADDRESS: 1105 Eventide Blvd. CITY: Wilmington ZIP: 28411
SUBDIVISION: Anchors Bend LOT #: 44

PROPERTY OWNER'S NAME: Stephen M. Nix PHONE #: (910)616-0022
OWNER'S ADDRESS: 1105 Eventide Blvd. CITY: Wilmington ZIP: 28411

CONTRACTOR: Stephen M. Nix BLDG LICENSE #:
ADDRESS: 1121 Military Cutoff Rd., Ste. C364 CITY: Wilmington ST: NC ZIP: 28405
EMAIL ADDRESS: snix@tigeruc.com PHONE: (910)616-0022

PROJECT CONTACT PERSON: Stephen M. Nix PHONE: (910)616-0022

EXISTING CONSTRUCTION: [] Alteration [] Renovation [] General Repairs
NEW CONSTRUCTION: [] Erect New Residence [x] 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) [x] Other (SF) FROG

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

TOTAL SQ FT UNDER ROOF (for proposed work) Heated: 186 Unheated: 0

TOTAL PROJECT COST (Less Lot): \$ 4650.00

Is the proposed work changing the number of bedrooms? [] Yes [x] 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: Finishing partially finished room over garage. Will include insulation, outlets(lights already exist), HVAC supply from existing system, and drywall.

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: Stephen M. Nix Signature: [Signature]
"Licensed Qualifier" Print Name

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

Existing Impervious Area: _____ Sq Ft Total Acres Disturbed: 0

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: \$ _____

*** OTC ***

2017-326



NEW HANOVER COUNTY BUILDING PERMIT

APPLICATION TYPE: RESIDENTIAL MOBILE HOME

APPLICATION Number
(Office Use)

PLEASE PRINT CLEARLY & ANSWER ALL QUESTIONS
"Project Responsibility"

APPLICANT'S NAME: Robert L Steger Jr DATE: 1/11/17
 DEVELOPER: _____ PHONE #: _____
 PROJECT ADDRESS: 4612 Castle Hayne Rd CITY: Castle Hayne ZIP: 28429
 SUBDIVISION: _____ BLOCK #: _____ LOT #: _____
 PROPERTY OWNER'S NAME: Samuel Steger PHONE #: 910-619-1643
 OWNER'S ADDRESS: 4612 Castle Hayne Rd CITY: Castle Hayne ST: NC ZIP: 28429
 CONTRACTOR: Robert L Steger Jr LICENSE #: _____
 ADDRESS: 4819 Jessica Lane CITY: Castle Hayne ST: NC ZIP: 28429
 EMAIL ADDRESS: Bassett.Dawg@gmail.com PHONE #: 619-5022
 PROJECT CONTACT PERSON: Robert Steger PHONE #: 619-5022

(CHECK ALL THAT APPLY)

- INSTALL NEW MOBILE HOME RELOCATION OF USED MOBILE HOME

DESCRIPTION OF WORK: Repair roof damage due to falling tree

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, 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 L Steger Jr SIGNATURE: [Signature]
 (Print Name)

IS THE PROPERTY LOCATED IN A FLOODPLAIN? Yes No
 PROPERTY USE/OCCUPANCY: RESIDENCE / OTHER? _____

HUD LABEL: _____ MANUFACTURER: _____ SERIAL #: _____
 YEAR MADE: _____ WIDTH: _____ LENGTH: _____ COLOR: _____

HURRICANE ZONE: 1 2 3 SMOKE DETECTOR: YES NO GARAGE: YES NO _____ SF
 DECK: YES NO _____ SF PORCH: YES NO _____ SF

TOTAL PROJECT COST (Less Lot): \$ 10000.00 TOTAL ACRES DISTURBED: 0
 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
 ***** REVISED 4/12/12

(FOR OFFICE USE ONLY)
 ZONE: _____ OFFICER: _____ SETBACKS: F: _____ LH: _____ RH: _____ B: _____
 Approval: _____ City: _____ DATE: _____ FLOOD: _____ BFE+2ft= _____
 A V N PERMIT FEE: \$ 75.00

Comment: _____

2017-328
16-3575

NEW HANOVER COUNTY BUILDING PERMIT

APPLICATION TYPE: COMMERCIAL

PLEASE ANSWER ALL QUESTIONS APPLICABLE TO YOUR PROJECT

APPLICATION
Number
(Office Use)



"Project Responsibility"

APPLICANT'S NAME: Podgers Builders Inc DATE: _____
 DEVELOPER: _____ PHONE #: 704-299-1100
 PROJECT ADDRESS: 1121 North Elm Street CITY: Wilmington ZIP: 28402
 OCCUPANT/BUSINESS NAME: New Hanover Regional Medical Center
 PROPERTY OWNER'S NAME: New Hanover Regional Medical Center PHONE #: _____
 OWNER'S ADDRESS: 1121 North Elm Street CITY: Wilmington ST: NC ZIP: 28402
 CONTRACTOR: Podgers Builders Inc LICENSE #: 3217-D
 ADDRESS: 7306 Independence Blvd, Suite 100 CITY: Wilmington ST: NC ZIP: 28412
 EMAIL ADDRESS: dtorrence@podgersbuilders.com PHONE #: 704-299-1100
 PROJECT CONTACT PERSON: David Torrence PHONE #: 704-299-1100

(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: ECA Architecture, Eric Caputo PH: 704-844-6748 NC REG #: 1877
 ENGR DESIGN PROFESSIONAL: Shelton Builders PH: _____ NC REG #: 1825

DESCRIPTION OF WORK: Interior renovation to create new lab

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 Torrence 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: \$632,000 BUILDING HEIGHT: _____ # OF UNITS: _____
 TOTAL AREA SQ FT: _____ SQ FT PER FLR: _____ # OF STORIES: _____
 TOTAL SQ FT UNDER ROOF: _____ # OF STRUCTURES: _____ # OF FLOORS: _____

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: Medical

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= _____

Comment _____ PERMIT FEE: \$

2017-328
16-3575



NEW HANOVER COUNTY BUILDING PERMIT

APPLICATION TYPE: COMMERCIAL

PLEASE ANSWER ALL QUESTIONS APPLICABLE TO YOUR PROJECT

"Project Responsibility"

APPLICATION
Number
(Office Use)

APPLICANT'S NAME: Rodgers Builders Inc DATE: 12/22/16
 DEVELOPER: _____ PHONE #: 704-299-0106
 PROJECT ADDRESS: 2131 South 17th Street CITY: Wilmington ZIP: 28402
 OCCUPANT/BUSINESS NAME: New Hanover Regional Medical Center
 PROPERTY OWNER'S NAME: New Hanover Regional Medical Center PHONE #: _____
 OWNER'S ADDRESS: 2131 South 17th Street CITY: Wilmington ST: NC ZIP: 28402
 CONTRACTOR: Rodgers Builders Inc. LICENSE #: 3947-U
 ADDRESS: 2508 Independence Blvd Suite 204 CITY: Wilmington ST: NC ZIP: 28412
 EMAIL ADDRESS: dtorrence@roddgersbuilders.com PHONE #: 704-299-0106
 PROJECT CONTACT PERSON: David Torrence PHONE #: 704-299-0106

(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: EC,A Architecture: Eric Cebula PH: 704-849-6748 NC REG #: 7877
 ENGR DESIGN PROFESSIONAL: Charlotte Engineers PH: 704-531-3000 NC REG #: 3828

DESCRIPTION OF WORK: Interior renovation to create new EP Lab.

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: _____ 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: TBD BUILDING HEIGHT: _____ # OF UNITS: _____
 TOTAL AREA SQ FT : 650 SQ FT PER FLR: _____ # OF STORIES: _____
 TOTAL SQ FT UNDER ROOF: _____ # OF STRUCTURES: _____ # OF FLOORS: _____

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: Medical

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: \$ _____



NEW HANOVER COUNTY BUILDING PERMIT
APPLICATION TYPE: RESIDENTIAL

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

2017-331

17-70

Application
Number
(office use)

APPLICANT'S NAME: Bryan D. Law Date: 1/9/17

PROJECT ADDRESS: 310 Holiday Hills Dr. CITY: Wilmington ZIP: 28409

SUBDIVISION: _____ LOT #: _____

PROPERTY OWNER'S NAME: Clarie Bennett PHONE #: 910-431-1787

OWNER'S ADDRESS: 310 Holiday Hills Dr. CITY: Wilmington ZIP: 28409

CONTRACTOR: Power Home Solar BLDG LICENSE #: 60946

ADDRESS: 919 N. Main St. CITY: Mooresville ST: NC ZIP: 28115

EMAIL ADDRESS: blaw@powerhome.com PHONE: 704-800-6780

PROJECT CONTACT PERSON: Mike Weber PHONE: 704-223-6576

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): \$ 10,000

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: 12 roof mounted modules, grid-tied, 3.36 kw solar installation on existing residence

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: Michael Whitson 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: \$ _____