# RECEIVED JUL 01 2016

2016 7434



## 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: DNOW Snow	DATE: 7-1-14
DEVELOPER: NOW MARIN	#:
PROJECT ADDRESS: 7714 Compass Point CITY: Wilming ton	ZIP: 2840
SUBDIVISION: The Landings BLOCK #:	LOT #:
PROPERTY OWNER'S NAME: Donna Gurganus PHONE	#: 470-1374
OWNER'S ADDRESS: CITY:	
CONTRACTOR: Snow Marin LICENSE #: 44721	
ADDRESS: NO 1 +CX-0.5 AND. CTTV- CR	ST: NC 7TP: 2842
EMAIL ADDRESS: Shane Shanesea846 yahoo.com PHONE	#: 443 8172-
PROJECT CONTACT PERSON: Sharp Snow PHONE	
EXISTING CONSTRUCTION: ALTERATION RENOVATION GENERAL REPAIRS RELOC	CATION
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	
SUNROOMSF DOOLSF STORAGE SHED	C.F.
GREENHOUSE SF DECK SF OTHER: Boat lift	or
,	
TOTAL HEATED SQ FT: TOTAL SQ FT UNDER ROOF: TOTAL ARI	EA SQ FT:
TOTAL PROJECT COST (Less Lot) : \$ 10,000 # OF STORIES:	7
Is An ELECTRICAL, PLUMBING or MECHANICAL Work Being Done to the Accessory Structure?	Vac. $\square$ No.
If the project is a Relocation, is there a Natural Gas Line on the Current Site?	Dyos DNo
Is there Electrical Power on this Building? Yes No	L res L No
PROPERTY USE / OCCUPANCY: SINGLE FAMILY DUPLEX TOWNHOUSE	79
DESCRIPTION OF WORK: Installation of 10,000 15. Boat lift o Now	4
DISCI AMER: I hereby cortify that all information in this are lived in the second of t	
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 and ordinances and regulations. The NHC Development Services Center will be notified of any changes in the approved plans and specifications contractor information.	b
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: 5 have 5 now SIGNATURE: 1/have	NOW
(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 PÉRMITS REQUIRED FOR ELECT, MECH, PLBG, GAS EQUIP, PREFABS & INSER	RTS ***
PAYMENT METHOD:	DISCOVER
ZONE: OFFICER: SETBACKS: F: LH: B:	REVISED DATE 04/11/12
Approval: City: DATE: FLOOD:	
Approval: City: DATE: FLOOD: BFE	#2TL=
Comment: PERMIT FEE	



## RECEIVED AUG 1 - 2016

20167732

#### NEW HANOVER COUNTY BUILDING PERMIT

APPLICATION TYPE: RESIDENTIAL

PLEASE ANSWER ALL QUESTIONS APPLICABLE TO YOUR PROJECT

"Project Responsibility"

APPLICANT'S NAME: Disaster One, Inc.		DATE:	08/01/2016
DEVELOPER:			
PROJECT ADDRESS: 109 W. Brandywine Circle			ZIP: 28411
SUBDIVISION: Brandywine	BLOCK #: 1	_ LOT #:	64
PROPERTY OWNER'S NAME: Randy & Marie Forrest	PHON	E #: 910	-899-0013
OWNER'S ADDRESS: 1420 N. Shore Dr CITY:	Southport	ST: NC	ZIP: 28461
CONTRACTOR: Disaster One, Inc. LICE	NSF # · 24249		
ADDRESS: 3232-1 Kitty Hawk Rd. CITY:		ST: NC	ZIP: 28405
EMAIL ADDRESS: dkiblin@disasterone.com		The second secon	332-3672
PROJECT CONTACT PERSON: Donald Kiblin	PHON	E #: 910-	604-8424
EXISTING CONSTRUCTION: ALTERATION RENOVATION	GENERAL REPAIRS REL	OCATION	
NEW CONSTRUCTION: ERECT NEW RESIDENCE or ADDITION	TO EXISTING RESIDENCE		
**PLEASE CHECK AND ANSWER BELOW ALL THAT APPLY TO YOUR PROJECT	T:		
ATT GARAGE SF DET GARAGE	SF PORCH 30 SF		
SUNROOM SF POOL SF		SF	
GREENHOUSE SF DECK SF			
	Omen.		
TOTAL HEATED SQ FT: 1210 TOTAL SQ FT UNDER RO	OF: 1240 TOTAL A	REA SQ F	T: 1240
TOTAL PROJECT COST (Less Lot) : \$ 75,000.00 # OF	STORIES: 1		
Is Any ELECTRICAL, PLUMBING or MECHANICAL Work Being Done to t	he 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: V SINGLE FAMILY DUPLEX	TOWNHOUSE		
DESCRIPTION OF WORK: Fire Damage Restoration, HVAC, Elect		, Painti	ig,
Plumbing, Cabinetry, and Lighting.			
DISCLAIMER: Thereby certify that all information in this application is correct and all work will compl	y with the State Building Code and all other	applicable Sta	te and local laws
and ordinances and regulations. The NHC Development Services Center will be notified of any chan contractor information ***NOTE Any Work Performed W/O the Appropriate Permits will be in Violatic	ges in the approved plans and specification on of the NC State Bldg Obde and Subject :	s or change in to Fines Up To	contractor or \$500.00***
OWNER/CONTRACTOR: Don Kiblin SIG			
(Print Name)	-		
IS THE PROPERTY LOCATED IN A FLOODPLAIN? YES	****************	******	****
	CRES DISTURBED:		
NEW IMPERVIOUS AREA: SQ FT EXIST L	AND DISTURBING PERMIT:	YES	L NO
WATER: V CFPUA COMMUNITY SYSTEM PRIVATE WELL	CENTRAL WELL		
SEWER: V CFPUA CENTRAL SEPTIC PRIVATE SEPTIC			
*** SEPARATE PERMITS REQUIRED FOR ELECT, MECH, PLB	G GAS FOULD DREEARS R THE	ERTS ***	
PAYMENT METHOD: CASH CHECK (PAYABLE TO NHC) AM	ERICAN EXPRESS MC/VIS		ISCOVER
(FOR OFFICE USE ONLY)		REVISED	DATE 84/11/12
ZONE:OFFICER:SETBACKS: F:	LH: RH: B:		
Approval:City:DATE:FLOOD:			/
			(1/()-
Comment:	PERMIT F	EE: \$	-

## RECEIVED JUL 28 2016

PEZ 16-2195 20167746



## **NEW HANOVER COUNTY BUILDING PERMIT**

APPLICATION TYPE: RESIDENTIAL

PLEASE ANSWER ALL QUESTIONS APPLICABLE TO YOUR PROJECT

"Project Responsibility"

APPLICANT'S NAME: F.S., L.L.C. dba RamJack / Charles Lewis (agent)		DATE:	7/27/2016	
DEVELOPER:	PHONE	#: 919-	309-9727	_
PROJECT ADDRESS: 1912 Knollwood Drive CITY: Wilmington			ZIP: 2840	3
SUBDIVISION: Highland Hills Sec 6 PARID R06008-011-011-000 BLOCK #:		LOT #:	79	_
PROPERTY OWNER'S NAME: Mike Nunnally	PHONE	#: 910-	200-1306	
			ZIP: 28403	_
CONTRACTOR: F.S., L.L.C. dba RamJack LICENSE #: 53778				
ADDRESS: 4122 Bennett Memorial Road suite 304 CITY: Durham		ST: NC	ZIP: 27705	5
EMAIL ADDRESS: charlie@ramjackusa.com	PHONE	#: 919-	309-9727	_
PROJECT CONTACT PERSON: Charlie Lewis	PHONE	#: 919-	309-9727	_
EXISTING CONSTRUCTION: ALTERATION RENOVATION GENERAL REPAIRS	RELO	CATION		
NEW CONSTRUCTION: ERECT NEW RESIDENCE or ADDITION TO EXISTING RESIDE	ENCE			
**PLEASE CHECK AND ANSWER BELOW ALL THAT APPLY TO YOUR PROJECT:				
ATT GARAGE SF DET GARAGE SF PORCH	SF			
SUNROOMSF POOLSF STORAGE SHED		SF		
GREENHOUSE SF DECK SF OTHER:				
TOTAL HEATED SQ FT: TOTAL SQ FT UNDER ROOF: TOTAL	AL AR	EA SQ F	т:	_
TOTAL PROJECT COST (Less Lot): \$ 8475.00 # OF STORIES:				
Is Any ELECTRICAL, PLUMBING or MECHANICAL Work Being Done to the Accessory Structur	e? 🔲 ۱	res 🔳	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: V SINGLE FAMILY DUPLEX TOWNHOUSE				
DESCRIPTION OF WORK: Install helical piers to stabilize foundation				-
DISCLAIMER: I hereby certify that all information in this application is correct and all work will comply with the State Building Code and	d all other s	nnlicable Sta	e and local laws	-
and ordinances and regulations. The NHC Development Services Center will be notified of any changes in the approved plans and spo	ecifications	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	Fines Up To	\$500.00***	
OWNER/CONTRACTOR: Charles Lewis SIGNATURE:	lle	u	=	_
(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 PERM	10012	YES	NO NO	
WATER: CFPUA COMMUNITY SYSTEM PRIVATE WELL CENTRAL WELL				
SEWER: CFPUA CENTRAL SEPTIC PRIVATE SEPTIC COMMUNITY SYSTEM				
_	0			
*** SEPARATE PERMITS REQUIRED FOR ELECT, MECH, PLBG, GAS EQUIP, PREFABS  PAYMENT METHOD: CASH CHECK (PAYABLE TO NHC) AMERICAN EXPRESS  **********************************	MC/VISA	D:	ISCOVER	
(FOR OFFICE USE ONLY)		REVISED	DATE 04/11/12	į
ZONE:OFFICER:SETBACKS: F:LH:RH:	_ B:			
Approval:City:DATE:FLOOD:				
A V N		There are a second		
Comment: PER	MIT FE	E: \$		

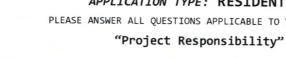


## RECEIVED JUL 21 2016

## NEW HANOVER COUNTY BUILDING PERMIT PEZ 16-2168



PLEASE ANSWER ALL QUESTIONS APPLICABLE TO YOUR PROJECT



	APPLICANT'S NAME: DSA Builders Inc.				_ DATE:	7-20-16
	PROJECT ADDRESS: 2809 Berry Patch Ct.		212	PHONE	#: 910-	-443-4149
	PROJECT ADDRESS: 2809 Berry Patch Ct.	CITY:	Castle Hanye	1		<b>ZIP:</b> 28429
	SUBDIVISION: North County Square		BLOCK #:		LOT #:	35
	PROPERTY OWNER'S NAME: DSA Builders Inc.			PHONE	<b>#:</b> 910	-443-4149
	OWNER'S ADDRESS: 743 Springvalley Rd.	CITY: Wilm:	ington		ST: NC	<b>ZIP:</b> 28405
	CONTRACTOR: DSA Builders Inc.	LICENSE #:	62229			
	ADDRESS: 743 Springvalley Rd.				ST: NC	<b>ZIP:</b> 28405
	EMAIL ADDRESS: dsabuildersinc@aol.com			PHONE	#: 910-	-443-4149
	PROJECT CONTACT PERSON: David Inman			PHONE	#: 910-	-443-4149
	EXISTING CONSTRUCTION: ALTERATION RENOVATION	I GENER	RAL REPAIRS	RELO	CATION	
	NEW CONSTRUCTION: 🗹 ERECT NEW RESIDENCE or 🗌 ADD:	ITION TO E	XISTING RESID	ENCE		
	**PLEASE CHECK AND ANSWER BELOW ALL THAT APPLY TO YOUR P	ROJECT:				
	ATT GARAGE SF  DET GARAGE	SF	PORCH 200	SF		
	SUNROOMSF POOLSF				SF	
	GREENHOUSE SF DECK					
	OTAL HEATED SQ FT: 1200 TOTAL SQ FT UNDE				EA SQ F	T: <u>1400</u>
	TOTAL PROJECT COST (Less Lot): \$ 80,000.00	OF STOR	TES: 1			
Ι	s Any ELECTRICAL, PLUMBING or MECHANICAL Work Being Done	to the Acc	essory Structur	e? 🔲 \	es 🔳	No
Ι	f the project is a Relocation, is there a Natural	Gas Line o	n the Current	Site?	Yes	■ No
Ι	s there Electrical Power on this Building? 🔲 Yes	■ No				_
Р	ROPERTY USE / OCCUPANCY: SINGLE FAMILY DUPLE	у Птоы	NHOUSE			
	ESCRIPTION OF WORK: Construct new home	X LI TOWI	NHOUSE			
_	deliberate from fome		2-71-2			
DI	SCLAIMER: I hereby certify that all information in this application is correct and all work will dead in a second control of the sec	Il comply with the	State Building Code and	d all other a	pplicable Sta	ite and local laws
an	d ordinances and regulations. The NHC Development Services Center will be notified of an intractor information. ***NOTE: Any Work Performed W/O the Appropriate Permits will be in	v changes in the	approved plans and end	cifications	or change in	contractor or
	WNER/CONTRACTOR: David Inman	SIGNATUR		,		***************************************
	(Print Name)					•
Ι	The state of the s	NO	*********	*****	*****	****
	XISTING IMPERVIOUS AREA:SQ FT TOT		TSTIIPRED : 3			
	NEW IMPERVIOUS AREA: 1600 SQ FT EXI				YES	■ NO
M	ATER: 🗹 CFPUA 🔲 COMMUNITY SYSTEM 🔲 PRIVATE WEL	_	EDAL LIEL			
	EWER: CFPUA CENTRAL SEPTIC PRIVATE SEPTI					
٠						
	*** SEPARATE PERMITS REQUIRED FOR ELECT, MECH,	PLBG, GAS	EQUIP, PREFABS			
	PAYMENT METHOD:	AMERICAN	EXPRESS	1C/VISA	D:	ISCOVER
	(FOR OFFICE USE ON		~ ~ ~ ~ ~ ~ ~ ~ * * * * * * * * * * * *	*****		
Z	DNE: OFFICER: SETBACKS: F	,	RH:	В:	VEAT2ED.	DATE 04/11/12
A	pproval:City:DATE:FLOOD:			BFE	 +2ft=	
_	mmont.	A	V N		_	1000
-	omment:		PERI	MIT FEE	: \$ 6	28 00

NHC 798-7308

# NEW HANOVER COUNTY BUILDING PERMIT

APPLICATION TYPE: RESIDENTIAL

PLEASE ANSWER ALL QUESTIONS APPLICABLE TO YOUR PROJECT

Number

2016-7768

TARIOTO TO THE SPORT THE S	(Office Use)
APPLICANT'S NAME: DABRY (RAW FORI)	DATE: 7/29/16
DEVELOPER:	
CITY: Wilming ton	ZIP: 18401
20DDTAT2TOIA:	OT #:
OWNER'S ADDRESS: & 1 / S / A & 3 C +	: 910-200-4360 T:ZIP: 284d
The same of the sa	<del></del>
ADDRESS: ACCOUNT	#:
EMATI ADDRESS.	T: ZIP: 2840/
PROJECT CONTACT PERCON. SOLUTION AND ALL TO	:
PROJECT CONTACT PERSON: Same as Above PHONE #	
EXISTING CONSTRUCTION: ALTERATION RENOVATION GENERAL REPAIRS RELOCATION	FION
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	
SUNROOMSF POOLSF STORAGE SHED	C.F.
GREENHOUSE SF DECK 270 SF OTHER	_ 5F
GREENHOUSE SF DECK 270 SF OTHER:	, SF
TOTAL HEATED SQ FT: TOTAL SQ FT UNDER ROOF: TOTAL AREA	SO ET.
TOTAL PROJECT COST (Less Lot): \$ 4,700 # OF STORIES:	56 LL.
Is Any ELECTRICAL, PLUMBING or MECHANICAL Work Being Done to the Accessory Structure? Yes	
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: FRONT DECK SIDE DECK	
10' x 15' 8' x 15'	
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 applied	cable 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 contractor information. ***NOTE: Any Work Performed W/O the Appropriate Permits will be in Violation of the NC State Bidg Code and Subject to Fine	hange in contractor or
OWNER/CONTRACTOR: DARRY (CHANTORI) SIGNATURE: Dans CHOW	
Signal of the si	100 =
(Print Name)	******
IS THE PROPERTY LOCATED IN A FLOODPLAIN? YES NO WIM	<u>R</u>
EXISTING IMPERVIOUS AREA: SQ FT TOTAL ACRES DISTURBED:	9
NEW IMPERVIOUS AREA: SQ FT EXIST LAND DISTURBING PERMIT:	YES NO Required, 910-254-09 No
MATER: CEDIA COMMINITO CACTEM COMMINITOR	ě
WATER: CFPUA COMMUNITY SYSTEM PRIVATE WELL CENTRAL WELL	<b>7</b>
SEWER: CFPUA CENTRAL SEPTIC PRIVATE SEPTIC COMMUNITY SYSTEM	Ō
*** SEPARATE PERMITS REQUIRED FOR ELECT, MECH, PLBG, GAS EQUIP, PREFABS & INSERTS	***
PAYMENT METHOD: CASH CHECK (PAYABLE TO NHC) BILL ACCOUNT MC/VISA	DISCOVER
**************************************	******
ZONE: R-3 OFFICER: EKM SETBACKS: F:7' LH: N/A RH: 5' B: N/A	REVISED DATE 04/11/12
Approval: O12 City: WILM DATE: 7 29 16-LOOD: ZoneX BFE+2	
comment: Deck to front of house most be setback from PERMIT FEE:	\$
nont property line (backside of sidewalk) at least 7 feets Deck to Cor	nor side of house
WSt be setback from Side property line at least 5 feet. Conta	cf New Handver
monty for building (ado Comphance & various	

## RECEIVED JUL 27 2016

PEZ16-2191 2016-7769



## **NEW HANOVER COUNTY BUILDING PERMIT**

APPLICATION TYPE: COMMERCIAL

PLEASE ANSWER ALL QUESTIONS APPLICABLE TO YOUR PROJECT

"Project Responsibility"

APPLICANT'S NAME: Nate Barker	DATE: 12216
DEVELOPER:PHONE	#:
PROJECT ADDRESS: 5601 Castle Hayne Rd. CITY: Castle Hayn	ezip: <u>2842</u> 9
OCCUPANT/BUSINESS NAME: Hardec's	
PROPERTY OWNER'S NAME: Boddie - Noell PHONE	#: 252-937-200
OWNER'S ADDRESS: 1021 Novell In CITY: Rocky Mount	ST: NCZIP: 27804
ADDRESS: POBOX 12484 CITY: Jacksonville	c= 1\0 === 286:W
EMAIL ADDRESS: Dalahadua hatmad can	#: 916-358-2187
PROJECT CONTACT PERSON: Date Barker PHONE	
	#. <u>110 30 340 .</u>
(Check All That Apply)  EXIST CONSTRUCTION: ALTERATION RENOVATION GENERAL REPAIRS RELOCAT  If Relocation, is there a Natural Gas Line on the Current Site? Yes No IS BLDG SPRINKLERED?	
NEW CONSTRUCTION: ERECT NEW STRUCTURE FAST TRACK SHELL UPFIT ADD ACCESSORY STRUCTURE:	TO EXIST STRUCTURE
If UPFIT - The Shell Permit #: Is Elect Power on this Buildi	ng 🗹 Yes 🔲 NO
***** IS THIS A CHANGE OF OCCUPANCY USE? YES NO *****	
IF Yes, what was the Previous Occupancy Type? What is the New Occupancy T	
ARCH DESIGN PROFESSIONAL: PH: NC	REG #:
ENGR DESIGN PROFESSIONAL: PH: NC	REG #:
DESCRIPTION OF WORK: Footer for Drive thry Meny Board	
Is food or beverages prepared or served in this structure? Yes No Is The Property Located In The Flo	odplain? Yes No
DISCLAIMER: I hereby certify that all information in this application is correct and all work will comply with the State Building Code are and local laws and ordinances and regulations. The NHC Development Services Center will be notified of any changes in the approve or change in contractor or contractor information. ***NOTE: Any Work Performed W/O the Appropriate Permits will be in Violation of the Subject to Fines Up To \$500.00***	d all other applicable State d plans and specifications le NC State Bldg Code and
OWNER/CONTRACTOR: NATHON A MINUNE SIGNATURE:	
(Qualifier) (Print Name)  Note: Demolition notifications & asbestos removal permit applications are to be submitted using the application form (DHHS-3768) whether the contain Asbestos or not. You are required to call the National Emission Standards for Hazardous Air Pollutants (NESHAP) at (919)707-5950 at demolition of any facility or building. See Asbestos Web Site: http://www.epi.state.nc.us/epi/asbestos/ahmp.html	t least 10 days prior to the
TOTAL PROJECT COST: 4066.00 BUILDING HEIGHT: # OF UNITS:	
TOTAL AREA SQ FT : SQ FT PER FLR: # OF STORIES: TOTAL SQ FT UNDER ROOF: # OF STRUCTURES: # OF FLOORS:	
TOTAL SQ FT UNDER ROOF: # OF STRUCTURES: # OF FLOORS: _	
ACRES DISTURBED: EXST LAND DISTURBING PERMIT?	YES NO
ACRES DISTURBED: EXST LAND DISTURBING PERMIT?  NEW IMPERVIOUS AREA: SQ FT EXISTING IMPERVIOUS AREA:	SQ FT
PROPERTY USE: OFFICE RESTAURANT MERCANTILE EDUC APT CONDO OT	
WATER: CFPUA COMMUNITY SYSTEM WELL ZONING USE CLASSIFICATION CEPTUA CENTRAL SEPTIC PRIVATE SEPTIC COMMUNITY SYSTEM	ON:
PAYMENT METHOD: CASH CHECK (PAYABLE TO NHC) AMERICAN EXPRESS MC/VISA	
(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	E: \$



Comment:

#### NEW HANOVER COUNTY BUILDING PERMIT

APPLICATION TYPE: RESIDENTIAL

16-<u>2205</u>

PERMIT FEE: \$ 985

Number (Office Use)

PLEASE ANSWER ALL QUESTIONS APPLICABLE TO YOUR PROJECT

"Project Responsibility"

APPLICANT'S NAME: R & L Contractors, Inc. DATE: 07/25/2016 DEVELOPER: R & L Contractors, Inc. PHONE #: 910 616-0487 PROJECT ADDRESS: 7610 Spraymist Ct. CITY: Wilmington ZIP: 28409 SUBDIVISION: Wind Spray BLOCK #: LOT #: 2 PROPERTY OWNER'S NAME: Wills Investments, LLC **PHONE #:** 910 233-7633 OWNER'S ADDRESS: 116 Teakwood Dr. CITY: Carolina Beach ST: NC ZIP: 28428 CONTRACTOR: R & L Contractors, Inc. LICENSE #: 42428 ADDRESS: 116 Teakwood Dr. CITY: Carolina Beach ST: NC ZIP: 28428 EMAIL ADDRESS: lisa.eastgroup@charter.net PHONE #: 910 616-0487 PROJECT CONTACT PERSON: Richard Wills PHONE #: 910 616-0487 EXISTING CONSTRUCTION: ALTERATION RENOVATION GENERAL REPAIRS RELOCATION NEW CONSTRUCTION: V 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 X PORCH 344 SF \_\_\_\_\_ POOL \_\_\_\_\_\_ SF SUNROOM SF STORAGE SHED \_\_\_\_\_ SF GREENHOUSE \_\_\_\_\_ SF DECK \_\_\_\_\_ SF OTHER: SF TOTAL HEATED SQ FT: 1865 TOTAL SQ FT UNDER ROOF: 2210 TOTAL AREA SQ FT: 2210 # OF STORIES: 2 on pilings TOTAL PROJECT COST (Less Lot): \$ 200,000.00 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: Three bedroom, 2.5 bath residence on pilings with a front porch and a back screened porch. (same house was built in 2015 at 7614 Spraymist Ct. 15-431) 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: R & L Contractors, Inc. SIGNATURE: IS THE PROPERTY LOCATED IN A FLOODPLAIN? YES EXISTING IMPERVIOUS AREA: 16117 SQ FT TOTAL ACRES DISTURBED: .033 NEW IMPERVIOUS AREA: 14747 SO FT EXIST LAND DISTURBING PERMIT: YES NO WATER: CFPUA COMMUNITY SYSTEM PRIVATE WELL CENTRAL WELL Aqua SEWER: CFPUA CENTRAL SEPTIC PRIVATE SEPTIC COMMUNITY SYSTEM \*\*\* SEPARATE PERMITS REQUIRED FOR ELECT, MECH, PLBG, GAS EQUIP, PREFABS & INSERTS \*\*\* CASH CHECK (PAYABLE TO NHC) AMERICAN EXPRESS MC/VISA \* (FOR OFFICE USE ONLY) REVISED DATE 04/11/12 ZONE: \_\_\_\_\_ OFFICER: \_\_\_\_\_ SETBACKS: F:\_\_\_ LH:\_\_\_ RH:\_\_\_ B:\_\_ Approval:\_\_\_\_\_City:\_\_\_\_DATE:\_\_\_\_FLOOD: \_

2016-7772 PEZ#16-2165

City

## RECEIVED JUL 25 2016



#### NEW HANOVER COUNTY BUILDING PERMIT

APPLICATION TYPE: RESIDENTIAL

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

The court
APPLICANT'S NAME: MATTHEW CARR CONSTRUCTION DATE: 7/23/2016
DEVELOPER: _AI/APHONE #:
PROJECT ADDRESS: 715 AUTUMN CREST LANE CITY: WILMINGTON ZIP: 28405
DEVELOPER:/A PHONE #:
PROPERTY OWNER'S NAME: CHRIS COOK PHONE #: 919-833-0981
OWNER'S ADDRESS: 715 AUTUMN CREST LN CITY: WILMINGTON ST: NL ZIP: 28405
CONTRACTOR: MATTHEW CARR CONST. LLC LICENSE #: N/A
ADDRESS: 14581 WC HWY 210 CITY: ROCKY POINT ST:NC ZIP: 28457
ADDRESS: 14581 WC HWY 210 CITY: ROCKY POINT ST:NC ZIP: 28457 EMAIL ADDRESS: MATT @ MATTHEW CARR CONSTRUCTION - COM PHONE #: 919-524-0134
PROJECT CONTACT PERSON: MATT CARR PHONE #: 919-524-0134
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
GREENHOUSE SF DECK SF OTHER: PAVER PATIO SF 200
TOTAL HEATED SQ FT: NA TOTAL SQ FT UNDER ROOF: NA TOTAL AREA SQ FT: NA
TOTAL PROJECT COST (Less Lot): \$ 26,000 # OF STORIES: MA
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 🔲 No
Is there Electrical Power on this Building? 🔀 Yes 🔲 No
PROPERTY USE / OCCUPANCY: SINGLE FAMILY DUPLEX TOWNHOUSE
DESCRIPTION OF WORK: INSTALL INGROUN FIBERGLASS SWIMMING POOL
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: MATT CARR SIGNATURE:
(Print Name) ************************************
IS THE PROPERTY LOCATED IN A FLOODPLAIN? YES NO
EXISTING IMPERVIOUS AREA: SQ FT TOTAL ACRES DISTURBED: > ACRES
NEW IMPERVIOUS AREA: 200 SQ FT EXIST LAND DISTURBING PERMIT: YES NO
The state of the s
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)  REVISED DATE 04/11/12
ZONE: OFFICER: SETBACKS: F: LH: B:
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NEW HANOVER COUNTY BUILDING PERMIT PEZ 16 - 2116

APPLICATION TYPE: RESIDENTIAL

PLEASE ANSWER ALL QUESTIONS APPLICABLE TO YOUR PROJECT

APPLICATION Number

2016-7773

"Project Responsibility"

Number (Office Use)

			0 - 11
APPLICANT'S NAME: FRANK LEWIS			
PROJECT ADDRESS: 5910 CEPAR LANDING ROAD CITY: Wilming to	PHONE #:		
PROJECT ADDRESS: 3910 (EVIA) CANTING KOAD CITY: WILMING FOR	2		ZIP: <u>2840</u> 9
SUBDIVISION: CEDAR LANDING BLOCK #:			
PROPERTY OWNER'S NAME: KRANK & JANE LEWIS	PHONE #:	910	-619-5227
OWNER'S ADDRESS: 5910 CEDAR CANDING RD CITY: Wilmington	ST	:NC	ZIP: <u>284</u> 09
CONTRACTOR: LEWIS BuildEXS LICENSE #: 34299			
ADDRESS: 10 Bax 1464 CITY: Washerwille how	eh st	·NC	7TD. 28480
EMAIL ADDRESS: franke lewisbuildersine.com	PHONE #:	910	2.620.790
PROJECT CONTACT PERSON: FRANK LEWIS	PHONE #:	910	-619-5227
EXISTING CONSTRUCTION: ALTERATION / RENOVATION GENERAL REPAIRS			
NEW CONSTRUCTION: ERECT NEW RESIDENCE or ADDITION TO EXISTING RESIDEN	NCE		
**PLEASE CHECK AND ANSWER BELOW ALL THAT APPLY TO YOUR PROJECT:			
ATT GARAGE SF DET GARAGE SF PORCH	SF		
SUNROOMSFPOOLSFSTORAGE SHED _		CE	
GREENHOUSE SF DECK SF OTHER:		SF /	
TOTAL HEATED SQ FT: 3/80 TOTAL SQ FT UNDER ROOF: 5867 TOTAL	AL AREA	SO F	T: 1300
		٠,	7
TOTAL PROJECT COST (Less Lot): \$ 70,000 # OF STORIES: 2			
Is Any <b>ELECTRICAL</b> , <b>PLUMBING</b> or <b>MECHANICAL</b> Work Being Done to the Accessory Structure			The state of the s
If the project is a Relocation, is there a Natural Gas Line on the Current		Yes	_ No MA
Is there Electrical Power on this Building? / Yes _ No	(A	UT	RAPES)
PROPERTY USE / OCCUPANCY: K SINGLE FAMILY _ DUPLEX _ TOWNHOUSE			
DESCRIPTION OF WORK: Remove 1 Non Bearing Ware, Update Kitche	n & Bo	ths	addine
one full buth in existing Attic) No change to footprin	4. 7.	٠٠٠	
DISCLAIMER: I hereby certify that all information in this application is correct and all work will comply with the State Building Gode and	it In	Tex	1612 OSCIL
and ordinances and regulations. The NHC Development Services Center will be notified of any changes in the approved plans and spec	ifications or ch	nange in d	contractor or
contractor information. ***NOTE: Any Work Performed W/O the Appropriate Permits will be in Violation of the NC State Bidg Code and S	Subject to Fine	s Up To	\$500.00***
OWNER/CONTRACTOR: FRANK LEWIS SIGNATURE: frank	7-	~	
(Print Name) ************************************	******	****	***
IS THE PROPERTY LOCATED IN A FLOODPLAIN? YES NO			
EXISTING IMPERVIOUS AREA: SQ FT TOTAL ACRES DISTURBED:	,		
NEW IMPERVIOUS AREA: NA SQ FT EXIST LAND DISTURBING PERMI		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 MG	C/VISA	_ DI	
*************************			
(FOR OFFICE USE ONLY)			DATE 04/11/12
ZONE: OFFICER: SETBACKS: F: LH: RH:	B:		415
Approval: City: DATE: FLOOD:	BFE+2	ft= <u></u>	0.1
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2016-7774

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## NEW HANOVER COUNTY BUILDING PERMIT

16-1978

APPLICATION TYPE: RESIDENTIAL

PLEASE ANSWER ALL QUESTIONS APPLICABLE TO YOUR PROJECT

"Project Responsibility"

APPLICANT'S NAME: H&H CONSTRUCTOR'S OF FAYETTEVILLE, LLC.	
	PHONE #:
PROJECT ADDRESS: 374 Feldspar Alley CITY: WILMINGTON	ZIP: 28412
SUBDIVISION: Riverlights BLOCK #: 374	
PROPERTY OWNER'S NAME: H&H CONSTRUCTORS OF FAYETTEVILLE, LLC	PHONE #: 910-219-1485
OWNER'S ADDRESS: 8209 Market Street Suite C CITY: Wilmington	ST: NC ZIP: 28411
CONTRACTOR: H&H CONSTRUCTORS OF FAYETTEVILLE, LLC LICENSE #: 74158	
ADDRESS: 8209 Market Street, Suite C CITY: WILMINGTON	ST: NC ZIP: 28411
EMAIL ADDRESS: julicafferty@hhhomes.com/ JerryBrenning@hhhomes.com	PHONE #: 910-219-1485
PROJECT CONTACT PERSON: JJ Brenning	PHONE #: 910-219-1485
EXISTING CONSTRUCTION: ALTERATION RENOVATION GENERAL REPAIRS	RELOCATION
NEW CONSTRUCTION: $\overline{\checkmark}$ ERECT NEW RESIDENCE or $\overline{}$ ADDITION TO EXISTING RESIDE	NCE
**PLEASE CHECK AND ANSWER BELOW ALL THAT APPLY TO YOUR PROJECT:	
✓ ATT GARAGE 522 SF DET GARAGE SF PORCH 508	SF
SUNROOM SF POOL SF STORAGE SHED	
GREENHOUSE SF DECK SF OTHER: 192	
ST OTHER: 192	Sr
TOTAL HEATED SQ FT: 2596 TOTAL SQ FT UNDER ROOF: 3626 TOTAL	AL AREA SQ FT: 2984
TOTAL PROJECT COST (Less Lot): \$ \$159,670 # 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	Section 1
Is there Electrical Power on this Building? Yes No	
PROPERTY USE / OCCUPANCY: ✓ SINGLE FAMILY □ DUPLEX □ TOWNHOUSE	
DESCRIPTION OF WORK: SINGLE FAMILY DWELLING	
DESCRIPTION OF WORK. SINGUE PARTED DWELLING	
DISCLAIMER: I hereby certify that all information in this application is correct and all work will comply with the State Building Code and and ordinances and regulations. The NHC Development Services Center will be notified of any changes in the approved plans and speciontractor information. ***NOTE: Any Work Performed W/O the Appropriate Permits will be in Violation of the NC State Bidg Code and State Propriets.	ifications or change in contractor or
OWNER/CONTRACTOR: JJ Brenning SIGNATURE: JDBC	
(Print Name) ************************************	8
IS THE PROPERTY LOCATED IN A FLOODPLAIN? YES NO	******
EXISTING IMPERVIOUS AREA: SQ FT TOTAL ACRES DISTURBED:20	
NEW IMPERVIOUS AREA: 2598 SQ FT EXIST LAND DISTURBING PERMI	
WATER: ✓ CFPUA ☐ COMMUNITY SYSTEM ☐ PRIVATE WELL ☐ CENTRAL WELL	AQUA
SEWER: CFPUA CENTRAL SEPTIC PRIVATE SEPTIC COMMUNITY SYSTEM	AQUA
*** SEPARATE PERMITS REQUIRED FOR ELECT, MECH, PLBG, GAS EQUIP, PREFABS	& INSERTS ***
	C/VISA DISCOVER
(FOR OFFICE USE ONLY)	REVISED DATE 04/11/12
ZONE:OFFICER:SETBACKS: F:LH:RH:	B:
Approval:City:DATE:FLOOD:	BFE+2ft=
Approval:City:DATE:FLOOD:	
Variable and Lorentz and Control of the Control of	IT FEE: \$

16-2196

## NEW HANOVER COUNTY BUILDING PERMIT

APPLICATION TYPE: RESIDENTIAL

PLEASE ANSWER ALL QUESTIONS APPLICABLE TO YOUR PROJECT

"Project Responsibility"

2016	77	14
APPLICA	TION	

7 60 /4
APPLICANT'S NAME: Konent GASTWINTH DATE: 188/16
DEVELOPER: PHONE #:
PROJECT ADDRESS: 320 line Hills CITY: Winneyton ZIP: 2840"  SUBDIVISION: College Acres BLOCK #: LOT #:
PROPERTY OWNER'S NAME:PHONE #:
OWNER'S ADDRESS:ST:ST:ST:ST:
CONTRACTOR: 64STELL GROUP LLC LICENSE #: 66938
ADDRESS: 1240 Linke Ave CITY: ST:ZIP:
EMAIL ADDRESS: 13n. Iden 50b, NOTC Gm Mic. Com PHONE #:
PROJECT CONTACT PERSON: 1306 645TW 17274 PHONE #:
EXISTING CONSTRUCTION: ALTERATION RENOVATION GENERAL REPAIRS RELOCATION Interior
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
SUNROOMSF POOLSF STORAGE SHEDSF
GREENHOUSE SF DECK SF OTHER: SF
TOTAL HEATED SQ FT: 1430 TOTAL SQ FT UNDER ROOF: 1430 TOTAL AREA SQ FT: 1430
TOTAL PROJECT COST (Less Lot): \$ 65 000 # 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: NEW HVAC - Plumbing Electrical
Renovate Interior - Add I BATH ROOMS
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 pecifications 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: Rosent GASTWINTN SIGNATURE:
(Print Name)
**************************************
EXISTING IMPERVIOUS AREA:SQ FT TOTAL ACRES DISTURBED:
NEW IMPERVIOUS AREA: SQ FT EXIST LAND DISTURBING PERMIT: YES NO
WATER: T 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) REVISED DATE 04/11/12
ZONE: OFFICER: SETBACKS: F: LH: B:
Approval: City: DATE: FLOOD: BFE+2ft=
Comment:

3016-7779 16-1917

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## NEW HANOVER COUNTY BUILDING PERMIT

APPLICATION TYPE: RESIDENTIAL

PLEASE ANSWER ALL QUESTIONS APPLICABLE TO YOUR PROJECT

"Project Responsibility"

APPLICANT'S NAME: H&H CONSTRUCTOR'S OF FAYETTEVILLE, LLC.	DATE: 06/27/2016
DEVELOPER: PHONE	#:
PROJECT ADDRESS: 7712 Gable Run Drive CITY: WILMINGTON	ZIP: 28411
SUBDIVISION: Gable Run BLOCK #: 7714	LOT #: 043
PROPERTY OWNER'S NAME: H&H CONSTRUCTORS OF FAYETTEVILLE, LLC PHONE	#: 910-219-1485
OWNER'S ADDRESS: 8209 Market Street Suite C CITY: Wilmington	
CONTRACTOR: H&H CONSTRUCTORS OF FAYETTEVILLE, LLC LICENSE #: 74158	
ADDRESS: 8209 Market Street, Suite C CITY: WILMINGTON	ST: NC ZIP: 28411
EMAIL ADDRESS: julicafferty@hhhomes.com/ JerryBrenning@hhhomes.com PHONE	
PROJECT CONTACT PERSON: JJ Brenning PHONE	
EXISTING CONSTRUCTION: ALTERATION RENOVATION GENERAL REPAIRS RELO	CATION
NEW CONSTRUCTION: 🗸 ERECT NEW RESIDENCE or 🗌 ADDITION TO EXISTING RESIDENCE	
**PLEASE CHECK AND ANSWER BELOW ALL THAT APPLY TO YOUR PROJECT:	
✓ ATT GARAGE 425 SF DET GARAGE SF ✓ PORCH 192 SF	
SUNROOMSF POOLSF STORAGE SHED	SF
GREENHOUSE SF DECK SF OTHER:	
	and the second s
TOTAL HEATED SQ FT: 2452 TOTAL SQ FT UNDER ROOF: 3069 TOTAL AR	EA SQ FT: 1979
TOTAL PROJECT COST (Less Lot): \$ \$140,493 # OF STORIES: 2	
Is Any ELECTRICAL, PLUMBING or MECHANICAL Work Being Done to the Accessory Structure?	∕es ■ 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: SINGLE FAMILY DWELLING	
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 a and ordinances and regulations. The NHC Development Services Center will be notified of any changes in the approved plans and specifications contractor information. ***NOTE: Any Work Performed W/O the Appropriate Permits will be in Violation of the NC State Bldg Code and Subject to	or change in contractor or
OWNER/CONTRACTOR: JJ Brenning SIGNATURE: 99 1	
(Print Name) ************************************	<u> </u>
IS THE PROPERTY LOCATED IN A FLOODPLAIN? YES NO	• • • • • • • • • • • • • • • • • • •
EXISTING IMPERVIOUS AREA: SQ FT TOTAL ACRES DISTURBED: SQ	
NEW IMPERVIOUS AREA: 2596 SQ FT EXIST LAND DISTURBING PERMIT:	YES NO
	TLS [ NO
WATER: ✓ CFPUA COMMUNITY SYSTEM PRIVATE WELL CENTRAL WELL AQUA	
SEWER: CFPUA CENTRAL SEPTIC PRIVATE SEPTIC COMMUNITY SYSTEM AQUA	
*** SEPARATE PERMITS REQUIRED FOR ELECT, MECH, PLBG, GAS EQUIP, PREFABS & INSEPAYMENT 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: B:	
Approval: City: DATE: FLOOD: BFE	+2ft=
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## NEW HANOVER COUNTY BUILDING PERMIT

APPLICATION TYPE: COMMERCIAL

PLEASE ANSWER ALL QUESTIONS APPLICABLE TO YOUR PROJECT

"Project Responsibility"

2016-7780

APPLICATION Number (Office Use)

APPLICANT'S NAME: Tommy Rogers - Rogers Building Corporat	ion DATE: 7/28/2016
DEVELOPER:	PHONE #:
PROJECT ADDRESS: 412 Ann Street CITY: Wilm:	ngton ZIP: 28401
OCCUPANT/BUSINESS NAME: St. Mary Parish School	
PROPERTY OWNER'S NAME: St. Mary Parish	PHONE #: (910) 762-549
OWNER'S ADDRESS: 412 Ann Street CITY: Wilmingto	
CONTRACTOR: Royers Building Corporation LICENSE #: 400	
ADDRESS: 1013 Booth 16th Street CITY: Wilmington	
PROJECT CONTACT PERSON: Tommy Rogers	PHONE #: (910) 279-1347
(Check All That Apply)	
EXIST CONSTRUCTION: ALTERATION RENOVATION GENERAL REPAIRS  If Relocation, is there a Natural Gas Line on the Current Site? Yes No IS BLDG S	
NEW CONSTRUCTION: ERECT NEW STRUCTURE FAST TRACK SHELL U	PFIT ADD TO EXIST STRUCTURE
If UPFIT - The Shell Permit #: Is Elect Power or	this Building 🔀 Yes 🔲 NO
**** IS THIS A CHANGE OF OCCUPANCY USE? Tyes 🔀	
IF Yes, what was the Previous Occupancy Type? What is the No	
ENGR DESIGN PROFESSIONAL: John Wojiechowski AIA PH (910)	274-3965 NC REG #: 9834
	NC REG #.
DESCRIPTION OF WORK: Remove ACT Ceiling Add Cabinets	
Is food or beverages prepared or served in this structure? Yes No Is The Property Lo	ocated In The Floodplain? Yes X No
DISCLAIMER: I hereby certify that all information in this application is correct and all work will comply with the St and local laws and ordinances and regulations. The NHC Development Services Center will be notified of any charge in contractor or contractor information. ***NOTE: Any Work Performed W/O the Appropriate Permits will Subject to Fines Up To \$500.00***	ate Building Code and all other applicable State anges in the approved plans and specifications ill be in Violation of the NC State Bldg Code and
OWNER/CONTRACTOR: Towny Rogers SIGNATURE:	1 togers
(Qualifier)  (Print Name)  Note: Demolition notifications & asbestos removal permit applications are to be submitted using the application form (Dicontain Asbestos or not. You are required to call the National Emission Standards for Hazardous Air Pollutants (NESHAI demolition of any facility or building. See Asbestos Web Site: http://www.epi.state.nc.us/epi/asbestos/ahmp.html	
TOTAL PROJECT COST: \$68,500 BUILDING HEIGHT: 35'	# OF UNITS:
TOTAL AREA SQ FT: 7495F SQ FT PER FLR: 2,650 TOTAL SQ FT UNDER ROOF: # OF STRUCTURES:	# OF STORIES: 3
ACRES DISTURBED: EXST LAND DISTURBING IMPERVIOUS AREA: SQ FT EXISTING IMPERVIOUS	G PERMIT? YES NO AREA: SQ FT
PROPERTY USE: OFFICE RESTAURANT MERCANTILE EDUC APT	CONDO OTHER:
WATER: CFPUA COMMUNITY SYSTEM WELL ZONING US	
*** SEPARATE PERMITS REQUIRED FOR ELECT, MECH, PLBG, GAS EQUIP, PREFABS & INS	SERTS ***
PAYMENT METHOD: CASH CHECK (PAYABLE TO NHC) AMERICAN EXPRE	SS MC/VISA DISCOVER
(FOR OFFICE USE ONLY)	REVISED DATE 4/11/12
ZONE:OFFICER: SETBACKS: F:LH: RH	:B:
ZONE: OFFICER: SETBACKS: F: LH: RH Approval: DATE: FLOOD:	BFE+2ft=
	1 160 (1)

A-3 science lab electroch/plumbing only zone

2016-7781 16-1986



## NEW HANOVER COUNTY BUILDING PERMIT

APPLICATION TYPE: RESIDENTIAL

PLEASE ANSWER ALL QUESTIONS APPLICABLE TO YOUR PROJECT

"Project Responsibility"

APPLICANT'S NAME: Parker Construction Group, LLC.				DATE:	7/5/	2016
DEVELOPER: NA				#: 910-		
PROJECT ADDRESS: 94 Beach Road South	CITY:	Wilmington			ZIP:	28411
SUBDIVISION: NA		BLOCK #:		LOT #:		
PROPERTY OWNER'S NAME: Geral & Lee Evans			PHONE	<b>#</b> • 336	-655-7	7330
OWNER'S ADDRESS: 4401 Bent Tree Farm Rd.	CITY: Wins	ton-Salem		ST: NC	ZIP:	27104
CONTRACTOR: Parker Construction Group, LLC.	LICENSE #	65883				
ADDRESS: PO Box 925	CITY: Wrig	htsville Beach	1	ST: NC	ZIP:	28480
EMAIL ADDRESS: robert@parkerconstructiongroup.com			PHONE	#: 910-	256-4	229
PROJECT CONTACT PERSON: Robert Jarman			PHONE	#: 919-	-771 <b>-</b> 8	531
EXISTING CONSTRUCTION: ALTERATION RENOVATI	ON GENER	RAL REPAIRS	RELO	CATION		
NEW CONSTRUCTION: 🗸 ERECT NEW RESIDENCE or 🗌 AL	DDITION TO E	XISTING RESID	ENCE			
**PLEASE CHECK AND ANSWER BELOW ALL THAT APPLY TO YOUR	PROJECT:					
✓ ATT GARAGE 975 SF DET GARAGE	SF	PORCH	SF			
SUNROOM SF POOL				SE		
GREENHOUSE SF DECK 4,499						
GKEENHOOSE SI	31 011	ilk.		3		
TOTAL HEATED SQ FT: 6,464 TOTAL SQ FT UN	DER ROOF: 1	.3,084 TO	TAL ARI	EA SQ F	T: <u>13</u>	,084
TOTAL PROJECT COST (Less Lot) : $\frac{3,000,000}{}$	# OF STOR	IES: 2				
Is Any ELECTRICAL, PLUMBING or MECHANICAL Work Being Do	ne to the Acc	essory Structur	e? O Y	es 💽	No	
If the project is a Relocation, is there a Natura				200		О
Is there Electrical Power on this Building? ( Yes						
_						
PROPERTY USE / OCCUPANCY: SINGLE FAMILY DUP	LEX TOM	NHOUSE				
DESCRIPTION OF WORK: Construct Evans' Residence						
	V 2840	Section and address				
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 or	c will comply with the of any changes in the	State Building Code an approved plans and sp	d all other ap ecifications	pplicable Sta or change in	te and loc contracto	al laws r or
contractor information. ***NOTE: Any Work Performed W/O the Appropriate Permits will be	e in Violation of the I	NC State Bldg Code and	Subject to	Fines Up To	\$500.00**	k*
OWNER/CONTRACTOR: Robert Jarman	SIGNATU	RE:	_ (	2		
(Print Name) ************************************				******	***	
IS THE PROPERTY LOCATED IN A FLOODPLAIN? YES	O NO					
EXISTING IMPERVIOUS AREA: $\frac{2,000}{}$ SQ FT T	OTAL ACRES I	DISTURBED: -8	2			
NEW IMPERVIOUS AREA: $\frac{1,353}{}$ SQ FT E				YES		10
WATER: CFPUA COMMUNITY SYSTEM PRIVATE W	(ELL CINE	TDAL VELL				
SEWER: CFPUA CENTRAL SEPTIC PRIVATE SEP	TIC COM	MUNITY SYSTEM				
*** SEPARATE PERMITS REQUIRED FOR ELECT, MEC						
PAYMENT METHOD: CASH CHECK (PAYABLE TO NHC)					CSCOVER	₹
*************		*********	*****	******	***	
(FOR OFFICE USE				REVISED	DATE 04	/11/12
ZONE: OFFICER: SETBACKS:		KH:				
Approval: City: DATE: FLOO	D •		REE	12f+-		



## NEW HANOVER COUNTY BUILDING PERMIT

APPLICATION TYPE: RESIDENTIAL

PLEASE ANSWER ALL QUESTIONS APPLICABLE TO YOUR PROJECT

"Project Responsibility"

APPLICANT'S NAME: Charter Building Group	DATE: 7/28/16				
DEVELOPER:	PHONE #: 9107692440				
PROJECT ADDRESS: 625 Wild Dunes Circle CITY: Wi	lmington ZIP: 28411				
SUBDIVISION: Hunters Green/Porters Neck Plantation BL	DCK #: LOT #: 33				
PROPERTY OWNER'S NAME: Robert & Ann Walsh	PHONE #:				
OWNER'S ADDRESS: CITY:	ST:ZIP:				
CONTRACTOR: Charter Building Group LICENSE #: 6  ADDRESS: 108 Giles Avenue Suite 104 CITY: Wilming	ton ST: NC ZIP: 28403				
EMAIL ADDRESS: tonya@charterbuildinggroup.com	PHONE #: 9107692440				
PROJECT CONTACT PERSON: Sean Lewis	PHONE #: 9104703292				
EXISTING CONSTRUCTION: ALTERATION RENOVATION GENERAL					
NEW CONSTRUCTION: V ERECT NEW RESIDENCE or ADDITION TO EXIS	TING RESIDENCE				
**PLEASE CHECK AND ANSWER BELOW ALL THAT APPLY TO YOUR PROJECT:					
✓ ATT GARAGE 494 SF DET GARAGE SF ✓ PO	RCH 380 SF				
SFSFSFST	ORAGE SHED SF				
GREENHOUSE SF F DECK 134 SF OTHER					
Si					
TOTAL HEATED SQ FT: 2303 TOTAL SQ FT UNDER ROOF: 2303	TOTAL AREA SQ FT: 3311				
TOTAL PROJECT COST (Less Lot): \$ 293428 # OF STORIES					
Is Any ELECTRICAL, PLUMBING or MECHANICAL Work Being Done to the Access	ory 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: V SINGLE FAMILY DUPLEX TOWNHO	DUSE				
DESCRIPTION OF WORK: New Signle Family Dwelling with attached ga					
DESCRIPTION OF WORK. New organic ramility processing meeting					
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 Bldc Code and Subject to Fines Up To \$500.00***  OWNER/CONTRACTOR: Charter Building Group  SIGNATURE:					
OWNER/CONTRACTOR: Charter Building Group SIGNATURE  (Print Name)  ***********************************					
	,*************************************				
IS THE PROPERTY LOCATED IN A FLOODPLAIN? TYES INO					
EXISTING IMPERVIOUS AREA:SQ FT TOTAL ACRES DIS					
NEW IMPERVIOUS AREA: 3745 SQ FT EXIST LAND DIS	TURBING PERMIT: YES NO				
WATER: V CFPUA COMMUNITY SYSTEM PRIVATE WELL CENTR					
SEWER: 🗹 CFPUA 🗌 CENTRAL SEPTIC 🗌 PRIVATE SEPTIC 🔲 COMMUN	NITY SYSTEM				
*** SEPARATE PERMITS REQUIRED FOR ELECT, MECH, PLBG, GAS E	KPRESS 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=				
Comment:	V N PERMIT FEE: \$ /016 00				



### NEW HANOVER COUNTY BUILDING PERMIT

APPLICATION TYPE: RESIDENTIAL

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

APPLICANT'S NAME: BRANDON S. WEUS DATE:
DEVELOPER: PHONE #: 910-231-3453 PROJECT ADDRESS: 430 LONG LEAF ACRES DR CITY: WILMINGTON ZIP: 24405
SUBDIVISION: LONG LEAF ACRES BLOCK #: LOT #: 162
PROPERTY OWNER'S NAME: BRANDON S. WELLS PHONE #:
CONTRACTOR: COREY JOHNSON LICENSE #:
EMAIL ADDRESS:
PROJECT CONTACT PERSON: CORRY JOHNSON PHONE #: 910-200-8564
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
SUNROOMSF POOLSF STORAGE SHEDSF
GREENHOUSE SF DECK SF OTHER: SF
TOTAL HEATED SQ FT: 1350 TOTAL SQ FT UNDER ROOF: 1602 TOTAL AREA SQ FT: 1602
TOTAL PROJECT COST (Less Lot): \$ 20,000 # 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? Tyes No
Is there Electrical Power on this Building? Yes No
PROPERTY USE / OCCUPANCY: SINGLE FAMILY DUPLEX TOWNHOUSE
DESCRIPTION OF WORK: ADDING MSTR BEDROOM + BATH
12' x 21'addiction
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 WIO the Appropriate Perphits will be in Violation of the NC State Bldg Code and Subject to Fines Up To \$500 20***
OWNER/CONTRACTOR: Kignature: Signature: Signature:
(Print Name) ************************************
IS THE PROPERTY LOCATED IN A FLOODPLAIN? TYPES NO
EXISTING IMPERVIOUS AREA: 1350 SQ FT TOTAL ACRES DISTURBED:
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
**************************************
ZONE: R-15 OFFICER: EKM SETBACKS: F: NA LH: 10 RH: 10 B: 35
Approval: OK city: WILM DATE: 7 28 16 FLOOD: Zone X BFE+2ft=
Approval: OK City: WILM DATE: 7 28 16 FLOOD: Zone X BFE+2ft= Comment: Must meet required Schacks for rear addition PERMIT FEE: \$ 410,00



#### NEW HANOVER COUNTY BUILDING PERMIT

16-1984

APPLICATION TYPE: RESIDENTIAL

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

APPLICANT'S NAME: Charter Building Group		DATE:	6/27/15
DEVELOPER: Newland / NNP-IV Cape Fear River LLC.			
PROJECT ADDRESS: 3354 Oyster Tabby Drive CITY: Wilmington			
SUBDIVISION: RiverLights, Phase 1 BLOCK #:		LOT #:	51
PROPERTY OWNER'S NAME: Charter Building Group	PHONE	#: 910-	769-2440
OWNER'S ADDRESS: 108 Giles Ave Unit 104 CITY: Wilmington			
CONTRACTOR: Charter Building Group LICENSE #: 67679			
ADDRESS: 108 Giles Ave, Unit 104 CITY: Wilmington			
EMAIL ADDRESS: Tonya@charterbuildinggroup.com	PHONE	#: 910-	769-2440
PROJECT CONTACT PERSON: Sean Lewis	PHONE	#: 910-	262-5899
EXISTING CONSTRUCTION: ALTERATION RENOVATION GENERAL REPAIRS	RELOC	CATION	
NEW CONSTRUCTION: ERECT NEW RESIDENCE or ADDITION TO EXISTING RESIDEN	ICE		
**PLEASE CHECK AND ANSWER BELOW ALL THAT APPLY TO YOUR PROJECT:			
ATT GARAGE 638 SF DET GARAGE SF PORCH 497	SF		
SUNROOM SF POOL SF STORAGE SHED		SF	
GREENHOUSE SF			
GREENHOOSESI DECKSI OTHER:		51	
TOTAL HEATED SQ FT: 2688 TOTAL SQ FT UNDER ROOF: 3823 TOTAL	L ARE	A SQ F	T: 3823
TOTAL PROJECT COST (Less Lot): \$ 310000 # OF STORIES: 2			
Is Any ELECTRICAL, PLUMBING or MECHANICAL Work Being Done to the Accessory Structure	? 🔲 Y	es 🔳	No
If the project is a Relocation, is there a Natural Gas Line on the Current S	Site?	Yes	■ No
Is there Electrical Power on this Building? 🔲 Yes 🔳 No			
PROPERTY USE / OCCUPANCY: V SINGLE FAMILY DUPLEX TOWNHOUSE			
DESCRIPTION OF WORK: Single Family Dwelling with attached garage			
DISCLAIMER: I hereby certify that all information in this application is correct and all work will comply with the State Building Code and a and ordinances and regulations. The NHC Development Services Center will be notified of any changes in the approved plans and speci-contractor Information. ***NOTE: Any Work Performed W/O the Appropriate Permits will be in Violation of the NC State Bidg. Code and S	ifications (	or change in a	contractor or
OWNER/CONTRACTOR: Charter Building Group SIGNATURE:	Ne		_
(Print Name) ************************************	*****	*****	***
IS THE PROPERTY LOCATED IN A FLOODPLAIN? YES NO			
EXISTING IMPERVIOUS AREA: 0 SQ FT TOTAL ACRES DISTURBED: <1/3	<b>,</b>	_	
NEW IMPERVIOUS AREA: 4245 SQ FT EXIST LAND DISTURBING PERMI		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 & PAYMENT METHOD: CASH CHECK (PAYABLE TO NHC) AMERICAN EXPRESS MC	C/VISA	D1	
(FOR OFFICE USE ONLY)		REVISED	DATE 04/11/12
ZONE: OFFICER: SETBACKS: F: LH: RH:	B:		
Approval: City: DATE: FLOOD:	BFI	E+2ft= _	************************
Comment:	TT FFI	: \$ 14	9700

Zeugma111



R3 50 romodel

# NEW HANOVER COUNTY BUILDING PERMIT PEZ 16. 2201

APPLICATION TYPE: RESIDENTIAL

PLEASE ANSWER ALL QUESTIONS APPLICABLE TO YOUR PROJECT

Number (Office Use)

2016-7792

"Project Responsibility"

APPLICANT'S NAME:	NUKHET	UCIN		DATE	
DEVELOPER:	NUKHET	UCIN		PHONE #:	
PROJECT ADDRESS:	202 CENT	FRAL BLV CI	TY: WILMIN	JOTON -	ZIP: 2840)
SUBDIVISION:	1		BLOCK #:		
PROPERTY OWNER'S NAME		ACIPAYAN	141	PHONE #:919	360 3065
OWNER'S ADDRESS: 10	1 SACIPAL ST	CITY: <u>u</u>	NILMINGTON	ST: //	CZIP: 28401
CONTRACTOR: Nothe:	+ ucin	LICENS		_ ACCOUNT #: _	
EMAIL ADDRESS: 2eu	sm91111@ho	tmost com	ilm, NC		ZIP: 2840) 92607957
PROJECT CONTACT PERSON	N: NUKHET	UCIN		PHONE #: 919	260 7957
EXISTING CONSTRUCTION					
NEW CONSTRUCTION:	ERECT NEW RESIDENCE	or ADDITION T	O EXISTING RESID	DENCE	
**PLEASE CHECK AND ANSWE	R BELOW ALL THAT APPI	Y TO YOUR PROJECT:			
ATT GARAGE	SF DET GA	RAGE SF	PORCH	SF	
SUNROOM		SF			
GREENHOUSE	SF	SF	OTHER:	SF	
TOTAL HEATED SQ FT:					т.
TOTAL PROJECT COST (L				THE AILER SQ I	
Is Any ELECTRICAL, PLUMB				re? Yes	No
If the project is a Re					
Is there Electrical Po	wer on this Buildi	ng? Yes No			
PROPERTY USE / OCCUPAN	,		TOWNHOUSE		
DESCRIPTION OF WORK:	A THE RESERVE TO THE PARTY OF T		TOWIN TOUSE		
DISCLAIMER: I hereby certify that all in and ordinances and regulations. The Nicontractor information. ***NOTE: Any Wo	1C Development Services Center	will be notified of any changes	in the approved plans and s	necifications or change in	contractor or
OWNER/CONTRACTOR:				t ttt	
**************************************	(Print Name) ************************************		**********	*******	****
,					
EXISTING IMPERVIOUS AR	EA:SQ FT	TOTAL ACR	ES DISTURBED:		
NEW IMPERVIOUS ARE	EA: SQ FT	EXIST LAN	D DISTURBING PER	MIT: YES	NO
WATER: CFPUA CO	MMUNITY SYSTEM	PRIVATE WELL	CENTRAL WELL		
SEWER: CFPUA CEN	NTRAL SEPTIC PR	IVATE SEPTIC [	COMMUNITY SYSTEM		
PAYMENT METHOD:	PERMITS REQUIRED FOR ASH CHECK (PAYABL	E TO NHC) BILL	ACCOUNT MC/	TSA DTSCO	VER
	(50	R OFFICE USE ONLY)			F*** DATE 04/11/12
ZONE: K-7 OFFICER:	EKM	SETBACKS: F:NA	LH:NA RH:NH	E B:NA	DATE 04/11/16
Approval: <b>bk</b> City:			<u></u>	BFE+2ft=_	-500
comment: Repairs as	> USHED ON OSTIZ	somed page 5	nly-NO PER	RMIT FEE: \$	8500
Expansion to	o toothour.	. 0			
		City in	spection Require	a. 910-254-091	題 5