

RECEIVED JUL 01 2016

2016 7434

~~10-1962~~

APPLICATION
Number
(Office Use)



NEW HANOVER COUNTY BUILDING PERMIT

APPLICATION TYPE: RESIDENTIAL

PLEASE ANSWER ALL QUESTIONS APPLICABLE TO YOUR PROJECT

"Project Responsibility"

APPLICANT'S NAME: Shane Snow DATE: 7-1-16
 DEVELOPER: Snow Marine PHONE #:
 PROJECT ADDRESS: 7714 Compass Point CITY: Wilmington ZIP: 28409
 SUBDIVISION: The Landings BLOCK #: LOT #:
 PROPERTY OWNER'S NAME: Donna Gurganus PHONE #: 470-1374
 OWNER'S ADDRESS: CITY: ST: ZIP:
 CONTRACTOR: Snow Marine LICENSE #: 64721
 ADDRESS: 801 Texas Ave. CITY: CB ST: NC ZIP: 28428
 EMAIL ADDRESS: Shane Snow shanesea84@yahoo.com PHONE #: 443 8172
 PROJECT CONTACT PERSON: Shane Snow PHONE #:

EXISTING CONSTRUCTION: ALTERATION RENOVATION GENERAL REPAIRS RELOCATION

NEW CONSTRUCTION: ERECT NEW RESIDENCE or ADDITION TO EXISTING RESIDENCE

**PLEASE CHECK AND ANSWER BELOW ALL THAT APPLY TO YOUR PROJECT:

ATT GARAGE _____ SF DET GARAGE _____ SF PORCH _____ SF
 SUNROOM _____ SF POOL _____ SF STORAGE SHED _____ SF
 GREENHOUSE _____ SF DECK _____ SF OTHER: Boat lift SF

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

TOTAL PROJECT COST (Less Lot) : \$ 10,000 # 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: Installation of 10,000lb. Boat lift only

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: Shane Snow SIGNATURE: Shane Snow
(Print Name)

IS THE PROPERTY LOCATED IN A FLOODPLAIN? YES NO

EXISTING IMPERVIOUS AREA: _____ SQ FT TOTAL ACRES DISTURBED: _____
NEW IMPERVIOUS AREA: _____ SQ FT EXIST LAND DISTURBING PERMIT: YES NO

WATER: CFPUA COMMUNITY SYSTEM PRIVATE WELL CENTRAL WELL
SEWER: CFPUA CENTRAL SEPTIC PRIVATE SEPTIC COMMUNITY SYSTEM

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

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

(FOR OFFICE USE ONLY)

REVISED DATE 04/11/12

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

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

Comment: PERMIT FEE: \$

OTC
NO PLANS
→ NHC



RECEIVED AUG 1 - 2018

20167732

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: Disaster One, Inc. DATE: 08/01/2016
 DEVELOPER: _____ PHONE #: _____
 PROJECT ADDRESS: 109 W. Brandywine Circle CITY: Wilmington ZIP: 28411
 SUBDIVISION: Brandywine BLOCK #: 1 LOT #: 64
 PROPERTY OWNER'S NAME: Randy & Marie Forrest PHONE #: 910-899-0013
 OWNER'S ADDRESS: 1420 N. Shore Dr CITY: Southport ST: NC ZIP: 28461
 CONTRACTOR: Disaster One, Inc. LICENSE #: 24249
 ADDRESS: 3232-1 Kitty Hawk Rd. CITY: Wilmington ST: NC ZIP: 28405
 EMAIL ADDRESS: dkiblin@disasterone.com PHONE #: 910-332-3672
 PROJECT CONTACT PERSON: Donald Kiblin PHONE #: 910-604-8424

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 30 SF
 SUNROOM _____ SF POOL _____ SF STORAGE SHED _____ SF
 GREENHOUSE _____ SF DECK _____ SF OTHER: _____ SF

TOTAL HEATED SQ FT: 1210 TOTAL SQ FT UNDER ROOF: 1240 TOTAL AREA SQ FT: 1240

TOTAL PROJECT COST (Less Lot) : \$ 75,000.00 # OF STORIES: 1

Is Any ELECTRICAL, PLUMBING or MECHANICAL Work Being Done to the Accessory Structure? Yes No
 If the project is a Relocation, is there a Natural Gas Line on the Current Site? Yes No
 Is there Electrical Power on this Building? Yes No

PROPERTY USE / OCCUPANCY: SINGLE FAMILY DUPLEX TOWNHOUSE

DESCRIPTION OF WORK: Fire Damage Restoration, HVAC, Electrical, Flooring, Drywall, Painting, Plumbing, Cabinetry, and Lighting.

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: Don Kiblin SIGNATURE: [Signature]

..... (Print Name)

IS THE PROPERTY LOCATED IN A FLOODPLAIN? YES NO

EXISTING IMPERVIOUS AREA: _____ SQ FT TOTAL ACRES DISTURBED: _____
 NEW IMPERVIOUS AREA: _____ SQ FT EXIST LAND DISTURBING PERMIT: YES NO

WATER: CFPWA COMMUNITY SYSTEM PRIVATE WELL CENTRAL WELL
 SEWER: CFPWA CENTRAL SEPTIC PRIVATE SEPTIC COMMUNITY SYSTEM

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

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

(FOR OFFICE USE ONLY)

REVISED DATE 04/11/12

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

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

Comment: _____ PERMIT FEE: \$ 410

RECEIVED JUL 28 2016

PEZ 16-2195

2016-7746

CITY



NEW HANOVER COUNTY BUILDING PERMIT

APPLICATION TYPE: RESIDENTIAL

PLEASE ANSWER ALL QUESTIONS APPLICABLE TO YOUR PROJECT

"Project Responsibility"

APPLICATION Number (Office Use)

APPLICANT'S NAME: F.S., L.L.C. dba RamJack / Charles Lewis (agent) DATE: 7/27/2016
DEVELOPER: PHONE #: 919-309-9727
PROJECT ADDRESS: 1912 Knollwood Drive CITY: Wilmington ZIP: 28403
SUBDIVISION: Highland Hills Sec 6 PARID R06008-011-011-000 BLOCK #: LOT #: 79
PROPERTY OWNER'S NAME: Mike Nunnally PHONE #: 910-200-1306
OWNER'S ADDRESS: 1912 Knollwood Drive CITY: Wilmington ST: NC 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
EMAIL ADDRESS: charlie@ramjackusa.com PHONE #: 919-309-9727
PROJECT CONTACT PERSON: Charlie Lewis PHONE #: 919-309-9727

EXISTING CONSTRUCTION: [] ALTERATION [] RENOVATION [x] GENERAL REPAIRS [] RELOCATION

NEW CONSTRUCTION: [] ERECT NEW RESIDENCE or [] ADDITION TO EXISTING RESIDENCE

**PLEASE CHECK AND ANSWER BELOW ALL THAT APPLY TO YOUR PROJECT:

[] ATT GARAGE SF [] DET GARAGE SF [] PORCH SF
[] SUNROOM SF [] POOL SF [] STORAGE SHED SF
[] GREENHOUSE SF [] DECK SF OTHER: SF

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

TOTAL PROJECT COST (Less Lot) : \$ 8475.00 # OF STORIES:

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? [x] Yes [] No

PROPERTY USE / OCCUPANCY: [x] 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 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: Charles Lewis SIGNATURE: [Signature]
(Print Name)

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

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

WATER: [] CFPJA [] COMMUNITY SYSTEM [] PRIVATE WELL [] CENTRAL WELL
SEWER: [] CFPJA [] CENTRAL SEPTIC [] PRIVATE SEPTIC [] COMMUNITY SYSTEM

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

PAYMENT METHOD: [] CASH [] CHECK (PAYABLE TO NHC) [] AMERICAN EXPRESS [x] 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: PERMIT FEE: \$

NHC

2016-7748

RECEIVED JUL 21 2016



NEW HANOVER COUNTY BUILDING PERMIT PE 16-2168

APPLICATION TYPE: RESIDENTIAL

PLEASE ANSWER ALL QUESTIONS APPLICABLE TO YOUR PROJECT

"Project Responsibility"

APPLICATION Number (Office Use)

APPLICANT'S NAME: DSA Builders Inc. DATE: 7-20-16

DEVELOPER: PHONE #: 910-443-4149

PROJECT ADDRESS: 2809 Berry Patch Ct. CITY: Castle Hanye ZIP: 28429

SUBDIVISION: North County Square BLOCK #: LOT #: 35

PROPERTY OWNER'S NAME: DSA Builders Inc. PHONE #: 910-443-4149

OWNER'S ADDRESS: 743 Springvalley Rd. CITY: Wilmington ST: NC ZIP: 28405

CONTRACTOR: DSA Builders Inc. LICENSE #: 62229

ADDRESS: 743 Springvalley Rd. CITY: Wilmington ST: NC ZIP: 28405

EMAIL ADDRESS: dsabuildersinc@aol.com PHONE #: 910-443-4149

PROJECT CONTACT PERSON: David Inman PHONE #: 910-443-4149

EXISTING CONSTRUCTION: [] ALTERATION [] RENOVATION [] GENERAL REPAIRS [] RELOCATION

NEW CONSTRUCTION: [x] 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 200 SF
[] SUNROOM SF [] POOL SF [] STORAGE SHED SF
[] GREENHOUSE SF [] DECK SF OTHER: SF

TOTAL HEATED SQ FT: 1200 TOTAL SQ FT UNDER ROOF: 1400 TOTAL AREA SQ FT: 1400

TOTAL PROJECT COST (Less Lot) : \$ 80,000.00 # OF STORIES: 1

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: Construct new home

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 Inman SIGNATURE: (Print Name)

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

EXISTING IMPERVIOUS AREA: SQ FT TOTAL ACRES DISTURBED: .3
NEW IMPERVIOUS AREA: 1600 SQ FT EXIST LAND DISTURBING PERMIT: [] YES [x] NO

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

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

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

(FOR OFFICE USE ONLY) REVISED DATE 04/11/12

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

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

Comment: PERMIT FEE: \$ 628



NHC 798-7308

2016-7768
PEZ16-2214

NEW HANOVER COUNTY BUILDING PERMIT

APPLICATION TYPE: RESIDENTIAL

PLEASE ANSWER ALL QUESTIONS APPLICABLE TO YOUR PROJECT

APPLICATION
Number
(Office Use)

"Project Responsibility"

APPLICANT'S NAME: DARRY/CRAWFORD DATE: 7/29/16
 DEVELOPER: _____ PHONE #: _____
 PROJECT ADDRESS: 821 Bladen St. CITY: Wilmington ZIP: 28401
 SUBDIVISION: _____ BLOCK #: _____ LOT #: _____
 PROPERTY OWNER'S NAME: DARRY/CRAWFORD PHONE #: 910-200-4360
 OWNER'S ADDRESS: 821 Bladen St. CITY: Wilmington ST: _____ ZIP: 28401
 CONTRACTOR: Darryl Crawford LICENSE #: _____ ACCOUNT #: _____
 ADDRESS: 821 Bladen St. CITY: Wilm. ST: _____ ZIP: 28401
 EMAIL ADDRESS: _____ PHONE #: _____
 PROJECT CONTACT PERSON: Same as Above PHONE #: _____

EXISTING CONSTRUCTION: ALTERATION RENOVATION GENERAL REPAIRS RELOCATION

NEW CONSTRUCTION: ERECT NEW RESIDENCE or ADDITION TO EXISTING RESIDENCE

**PLEASE CHECK AND ANSWER BELOW ALL THAT APPLY TO YOUR PROJECT:

ATT GARAGE _____ SF DET GARAGE _____ SF PORCH _____ SF
 SUNROOM _____ SF POOL _____ SF STORAGE SHED _____ SF
 GREENHOUSE _____ SF DECK 270 SF OTHER: _____ SF

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

TOTAL PROJECT COST (Less Lot) : \$ 4,700 # 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: FRONT DECK 10' X 15' SIDE DECK 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 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: DARRY/CRAWFORD SIGNATURE: Darryl Crawford
(Print Name)

IS THE PROPERTY LOCATED IN A FLOODPLAIN? YES NO EXM

EXISTING IMPERVIOUS AREA: _____ SQ FT TOTAL ACRES DISTURBED: _____
 NEW IMPERVIOUS AREA: _____ SQ FT EXIST LAND DISTURBING PERMIT: YES NO

WATER: CFPWA COMMUNITY SYSTEM PRIVATE WELL CENTRAL WELL
 SEWER: CFPWA CENTRAL SEPTIC PRIVATE SEPTIC COMMUNITY SYSTEM

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

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

***** (FOR OFFICE USE ONLY) *****

ZONE: R-3 OFFICER: EXM SETBACKS: F: 7' LH: N/A RH: 5' B: N/A
 (FOR OFFICE USE ONLY) Unenclosed Deck setbacks - minimum REVISED DATE 04/11/12

Approval: OK City: WILM DATE: 7/29/16 FLOOD: _____ BFE+2ft= _____

Comment: Deck to front of house must be setback from front property line (backside of sidewalk) at least 7 feet. Deck to corner side of house must be setback from side property line at least 5 feet. Contact New Hanover County for building Code Compliance & review. PERMIT FEE: \$ _____

City Inspection Required, 910-254-0900



RECEIVED JUL 27 2016

PEZ16-2191 2016-7209

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: Nate Barker DATE: 7/22/16

DEVELOPER: _____ PHONE #: _____

PROJECT ADDRESS: 5601 Castle Hayne Rd. CITY: Castle Hayne ZIP: 28429

OCCUPANT/BUSINESS NAME: Hardex

PROPERTY OWNER'S NAME: Boddie - Noell PHONE #: 952-937-2000

OWNER'S ADDRESS: 1021 Noell Ln CITY: Rocky Mount ST: NC ZIP: 27804

CONTRACTOR: Barker Electrical Tech LICENSE #: _____

ADDRESS: PoBox 12484 CITY: Jacksonville ST: NC ZIP: 28546

EMAIL ADDRESS: natebarker@hotmail.com PHONE #: 910-358-2187

PROJECT CONTACT PERSON: Nate Barker PHONE #: 910-358-2187

(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: _____ PH: _____ NC REG #: _____

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

DESCRIPTION OF WORK: Footer for Drive thru Menu Board

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: NATHAN A MCKEN 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: \$ 9000.00 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: _____ 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 MCVISA 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: \$ _____

2016-7770



NEW HANOVER COUNTY BUILDING PERMIT

16-2205

APPLICATION TYPE: RESIDENTIAL

APPLICATION 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 48428
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: [x] 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
[] SUNROOM SF [] POOL 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

TOTAL PROJECT COST (Less Lot) : \$ 200,000.00 # OF STORIES: 2 on pilings

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: 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 Bldg Code and Subject to Fines Up To \$500.00***

OWNER/CONTRACTOR: R & L Contractors, Inc. SIGNATURE: Richard Wills
(Print Name)

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

EXISTING IMPERVIOUS AREA: 16117 SQ FT TOTAL ACRES DISTURBED: .033
NEW IMPERVIOUS AREA: 14747 SQ FT EXIST LAND DISTURBING PERMIT: [] YES [x] NO

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



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

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

(FOR OFFICE USE ONLY)

REVISED DATE 04/11/12

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

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

Comment:

PERMIT FEE: \$ 985

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"

APPLICATION Number (Office Use)

APPLICANT'S NAME: MATTHEW CARR CONSTRUCTION DATE: 7/23/2016
DEVELOPER: N/A PHONE #: _____
PROJECT ADDRESS: 715 AUTUMN CREST LANE CITY: WILMINGTON ZIP: 28405
SUBDIVISION: LAND FALL BLOCK #: N/A LOT #: #4

PROPERTY OWNER'S NAME: CHRIS COOK PHONE #: 919-833-0981
OWNER'S ADDRESS: 715 AUTUMN CREST LN CITY: WILMINGTON ST: NC ZIP: 28405

CONTRACTOR: MATTHEW CARR CONST. LLC LICENSE #: N/A
ADDRESS: 14581 NC Hwy 210 CITY: Rocky Point ST: NC ZIP: 28157
EMAIL ADDRESS: MATT@MATTHEWCARRCONSTRUCTION.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
- POOL 450 SF
- STORAGE SHED _____ SF
- GREENHOUSE _____ SF
- DECK _____ SF
- OTHER: PAVER PATIO SF 200

TOTAL HEATED SQ FT: N/A TOTAL SQ FT UNDER ROOF: N/A TOTAL AREA SQ FT: N/A

TOTAL PROJECT COST (Less Lot) : \$ 26,000 # OF STORIES: N/A

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: INSTALL INGROUND 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 Bldg 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: 300 SQ FT TOTAL ACRES DISTURBED: >1 ACRE
NEW IMPERVIOUS AREA: 200 SQ FT EXIST LAND DISTURBING PERMIT: YES NO

WATER: CFPUA COMMUNITY SYSTEM PRIVATE WELL CENTRAL WELL
SEWER: CFPUA CENTRAL SEPTIC PRIVATE SEPTIC COMMUNITY SYSTEM

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

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

(FOR OFFICE USE ONLY) REVISID DATE 04/11/12
ZONE: _____ OFFICER: _____ SETBACKS: F: _____ LH: _____ RH: _____ B: _____

city zone needed



*** NO PLANS ***
NEW HANOVER COUNTY BUILDING PERMIT
APPLICATION TYPE: RESIDENTIAL

2016-773
PEZ 16-2116

PLEASE ANSWER ALL QUESTIONS APPLICABLE TO YOUR PROJECT

"Project Responsibility"

APPLICATION
Number
(Office Use)

APPLICANT'S NAME: FRANK LEWIS DATE: 7-20-16
DEVELOPER: _____ PHONE #: _____
PROJECT ADDRESS: 5910 CEDAR LANDING ROAD CITY: Wilmington ZIP: 28409
SUBDIVISION: CEDAR LANDING BLOCK #: _____ LOT #: _____
PROPERTY OWNER'S NAME: FRANK & JANE LEWIS PHONE #: 910-619-5227
OWNER'S ADDRESS: 5910 CEDAR LANDING RD CITY: Wilmington ST: NC ZIP: 28409
CONTRACTOR: LEWIS BUILDERS LICENSE #: 36299
ADDRESS: PO Box 1464 CITY: Wrightsville Beach ST: NC ZIP: 28480
EMAIL ADDRESS: frank@lewisbuildersinc.com PHONE #: 910-625-7902
PROJECT CONTACT PERSON: FRANK LEWIS PHONE #: 910-619-5227

EXISTING CONSTRUCTION: ALTERATION RENOVATION GENERAL REPAIRS RELOCATION
NEW CONSTRUCTION: ERECT NEW RESIDENCE or ADDITION TO EXISTING RESIDENCE

**PLEASE CHECK AND ANSWER BELOW ALL THAT APPLY TO YOUR PROJECT:

ATT GARAGE _____ SF DET GARAGE _____ SF PORCH _____ SF
 SUNROOM _____ SF POOL _____ SF STORAGE SHED _____ SF
 GREENHOUSE _____ SF DECK _____ SF OTHER: _____ SF

TOTAL HEATED SQ FT: 3180 TOTAL SQ FT UNDER ROOF: 3867 TOTAL AREA SQ FT: 1300

TOTAL PROJECT COST (Less Lot) : \$ 70,000 # OF STORIES: 2

Is Any ELECTRICAL, PLUMBING or MECHANICAL Work Being Done to the Accessory Structure? Yes No NA
If the project is a Relocation, is there a Natural Gas Line on the Current Site? Yes No NA
Is there Electrical Power on this Building? Yes No (ALL TRADES)

PROPERTY USE / OCCUPANCY: SINGLE FAMILY DUPLEX TOWNHOUSE

DESCRIPTION OF WORK: Remove 1 Non Bearing Wall, Update Kitchen & Baths (adding one full bath in existing attic) No change to footprint - Interior Only

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: FRANK LEWIS SIGNATURE: [Signature]
(Print Name)

IS THE PROPERTY LOCATED IN A FLOODPLAIN? YES NO

EXISTING IMPERVIOUS AREA: ? SQ FT TOTAL ACRES DISTURBED: 0
NEW IMPERVIOUS AREA: NA SQ FT EXIST LAND DISTURBING PERMIT: YES NO

WATER: CFPWA COMMUNITY SYSTEM PRIVATE WELL CENTRAL WELL
SEWER: CFPWA CENTRAL SEPTIC PRIVATE SEPTIC COMMUNITY SYSTEM

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

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

(FOR OFFICE USE ONLY)

REVISED DATE 04/11/12

ZONE: _____ OFFICER: _____ SETBACKS: F: _____ LH: _____ RH: _____ B: _____
Approval: _____ City: _____ DATE: _____ FLOOD: _____ BFE+2ft= 410

A V N

PERMIT FEE: \$

2016-7774

16-1978



NEW HANOVER COUNTY BUILDING PERMIT

RVR034

APPLICATION TYPE: RESIDENTIAL

PLEASE ANSWER ALL QUESTIONS APPLICABLE TO YOUR PROJECT

"Project Responsibility"

APPLICATION Number (Office Use)

APPLICANT'S NAME: H&H CONSTRUCTOR'S OF FAYETTEVILLE, LLC. DATE: 06/10/2016

DEVELOPER: PHONE #:

PROJECT ADDRESS: 374 Feldspar Alley CITY: WILMINGTON ZIP: 28412

SUBDIVISION: Riverlights BLOCK #: 374 LOT #: 034

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: [x] ERECT NEW RESIDENCE or [] ADDITION TO EXISTING RESIDENCE

**PLEASE CHECK AND ANSWER BELOW ALL THAT APPLY TO YOUR PROJECT:

- [x] ATT GARAGE 522 SF [] DET GARAGE SF [x] PORCH 508 SF
[] SUNROOM SF [] POOL SF [] STORAGE SHED SF
[] GREENHOUSE SF [] DECK SF OTHER: 192 SF

TOTAL HEATED SQ FT: 2596 TOTAL SQ FT UNDER ROOF: 3626 TOTAL 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 [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? [x] Yes [] No

PROPERTY USE / OCCUPANCY: [x] 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 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: JJ Brenning SIGNATURE: [Signature]
(Print Name)

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

EXISTING IMPERVIOUS AREA: SQ FT TOTAL ACRES DISTURBED: .20
NEW IMPERVIOUS AREA: 2598 SQ FT EXIST LAND DISTURBING PERMIT: [x] YES [] NO

WATER: [x] CFPUA [] COMMUNITY SYSTEM [] PRIVATE WELL [] CENTRAL WELL AQUA
SEWER: [x] CFPUA [] CENTRAL SEPTIC [] PRIVATE SEPTIC [] COMMUNITY SYSTEM AQUA

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

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

(FOR OFFICE USE ONLY) REVISED DATE 04/11/12

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

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

Comment: PERMIT FEE: \$

City

16-2196

2016-7776



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: Royent GASTWIRTH DATE: 7/28/16

DEVELOPER: _____ PHONE #: _____

PROJECT ADDRESS: 320 Pine Hills CITY: Wilmington ZIP: 28403

SUBDIVISION: College Acres BLOCK #: _____ LOT #: _____

PROPERTY OWNER'S NAME: WDG PHONE #: _____

OWNER'S ADDRESS: _____ CITY: _____ ST: _____ ZIP: _____

CONTRACTOR: Grastell Group LLC LICENSE #: 66938

ADDRESS: 4240 Lake Ave CITY: _____ ST: _____ ZIP: _____

EMAIL ADDRESS: BUILDERBOB.NET@GMAIL.COM PHONE #: _____

PROJECT CONTACT PERSON: Bob GASTWIRTH 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
- SUNROOM _____ SF
- POOL _____ SF
- STORAGE SHED _____ SF
- 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

R+R SOME WALLS

DESCRIPTION OF WORK: NEW HVAC - Plumbing - Electrical
Renovate Interior - Add 2 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 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: Royent GASTWIRTH SIGNATURE: [Signature]
(Print Name)

IS THE PROPERTY LOCATED IN A FLOODPLAIN? YES NO

EXISTING IMPERVIOUS AREA: _____ SQ FT TOTAL ACRES DISTURBED: _____

NEW IMPERVIOUS AREA: _____ SQ FT EXIST LAND DISTURBING PERMIT: YES NO

WATER: CFPWA COMMUNITY SYSTEM PRIVATE WELL CENTRAL WELL

SEWER: CFPWA CENTRAL SEPTIC PRIVATE SEPTIC COMMUNITY SYSTEM

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

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

(FOR OFFICE USE ONLY)

REVISED DATE 04/11/12

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

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

Comment: _____ PERMIT FEE: \$ 410.00

R3

city zone,

2016-7779
16-1917



NEW HANOVER COUNTY BUILDING PERMIT

GBR043

APPLICATION TYPE: RESIDENTIAL

PLEASE ANSWER ALL QUESTIONS APPLICABLE TO YOUR PROJECT

"Project Responsibility"

APPLICATION Number (Office Use)

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 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: [X] ERECT NEW RESIDENCE or [] ADDITION TO EXISTING RESIDENCE

**PLEASE CHECK AND ANSWER BELOW ALL THAT APPLY TO YOUR PROJECT:

- [X] ATT GARAGE 425 SF [] DET GARAGE SF [X] PORCH 192 SF
[] SUNROOM SF [] POOL SF [] STORAGE SHED SF
[] GREENHOUSE SF [] DECK SF OTHER: SF

TOTAL HEATED SQ FT: 2452 TOTAL SQ FT UNDER ROOF: 3069 TOTAL AREA 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? [] 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? [X] Yes [] No

PROPERTY USE / OCCUPANCY: [X] 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 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: JJ Brenning SIGNATURE: [Signature]

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

EXISTING IMPERVIOUS AREA: SQ FT TOTAL ACRES DISTURBED: .25
NEW IMPERVIOUS AREA: 2596 SQ FT EXIST LAND DISTURBING PERMIT: [X] YES [] NO

WATER: [X] CFPUA [] COMMUNITY SYSTEM [] PRIVATE WELL [] CENTRAL WELL AQUA
SEWER: [X] CFPUA [] CENTRAL SEPTIC [] PRIVATE SEPTIC [] COMMUNITY SYSTEM AQUA

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

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

(FOR OFFICE USE ONLY)

REVISED DATE 04/11/12

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

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

Comment: PERMIT FEE: \$



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 Corporation DATE: 7/28/2016
 DEVELOPER: _____ PHONE #: _____
 PROJECT ADDRESS: 412 Ann Street CITY: Wilmington ZIP: 28401
 OCCUPANT/BUSINESS NAME: St. Mary Parish School
 PROPERTY OWNER'S NAME: St. Mary Parish PHONE #: (910) 762-5491
 OWNER'S ADDRESS: 412 Ann Street CITY: Wilmington ST: NC ZIP: 28401
 CONTRACTOR: Rogers Building Corporation LICENSE #: 40055
 ADDRESS: 1013 South 16th Street CITY: Wilmington ST: NC ZIP: 28401
 EMAIL ADDRESS: rogers@ec.RR.com PHONE #: _____
 PROJECT CONTACT PERSON: Tommy Rogers PHONE #: (910) 279-1347

(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: John Wojciechowski AIA PH (910) 274-3905 NC REG #: 9834
 ENGR DESIGN PROFESSIONAL: _____ PH: _____ 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 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: Tommy Rogers SIGNATURE: [Signature]
 (Qualifier) (Print Name)

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

TOTAL PROJECT COST: \$68,500 BUILDING HEIGHT: 35' # OF UNITS: _____
 TOTAL AREA SQ FT: 7495F SQ FT PER FLR: 2,650 # OF STORIES: 3
 TOTAL SQ FT UNDER ROOF: _____ # OF STRUCTURES: _____ # OF FLOORS: _____

ACRES DISTURBED: 0 EXST LAND DISTURBING PERMIT? YES NO
 NEW IMPERVIOUS AREA: 0 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= _____

A-3 science lab

elect/mech/plumbing

city zone

\$400.00

2016-7781
16-1986



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: Parker Construction Group, LLC. DATE: 7/5/2016
 DEVELOPER: NA PHONE #: 910-256-4229
 PROJECT ADDRESS: 94 Beach Road South CITY: Wilmington ZIP: 28411
 SUBDIVISION: NA BLOCK #: _____ LOT #: _____
 PROPERTY OWNER'S NAME: Geral & Lee Evans PHONE #: 336-655-7330
 OWNER'S ADDRESS: 4401 Bent Tree Farm Rd. CITY: Winston-Salem ST: NC ZIP: 27104
 CONTRACTOR: Parker Construction Group, LLC. LICENSE #: 65883
 ADDRESS: PO Box 925 CITY: Wrightsville Beach ST: NC ZIP: 28480
 EMAIL ADDRESS: robert@parkerconstructiongroup.com PHONE #: 910-256-4229
 PROJECT CONTACT PERSON: Robert Jarman PHONE #: 919-771-8531

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 975 SF DET GARAGE _____ SF PORCH _____ SF
 SUNROOM _____ SF POOL _____ SF STORAGE SHED _____ SF
 GREENHOUSE _____ SF DECK 4,499 SF OTHER: _____ SF

TOTAL HEATED SQ FT: 6,464 TOTAL SQ FT UNDER ROOF: 13,084 TOTAL AREA SQ FT: 13,084

TOTAL PROJECT COST (Less Lot) : \$ 3,000,000 # OF STORIES: 2

Is Any ELECTRICAL, PLUMBING or MECHANICAL Work Being Done to the Accessory Structure? Yes No
 If the project is a Relocation, is there a Natural Gas Line on the Current Site? Yes No
 Is there Electrical Power on this Building? Yes No

PROPERTY USE / OCCUPANCY: SINGLE FAMILY DUPLEX TOWNHOUSE

DESCRIPTION OF WORK: Construct Evans' Residence

DISCLAIMER: I hereby certify that all information in this application is correct and all work will comply with the State Building Code and all other applicable State and local laws and ordinances and regulations. The NHC Development Services Center will be notified of any changes in the approved plans and specifications or change in contractor or contractor information. ***NOTE: Any Work Performed W/O the Appropriate Permits will be in Violation of the NC State Bldg Code and Subject to Fines Up To \$500.00***

OWNER/CONTRACTOR: Robert Jarman SIGNATURE:

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

IS THE PROPERTY LOCATED IN A FLOODPLAIN? YES NO

EXISTING IMPERVIOUS AREA: 2,000 SQ FT TOTAL ACRES DISTURBED: .82
 NEW IMPERVIOUS AREA: 1,353 SQ FT EXIST LAND DISTURBING PERMIT: YES NO

WATER: CFPWA COMMUNITY SYSTEM PRIVATE WELL CENTRAL WELL
 SEWER: CFPWA CENTRAL SEPTIC PRIVATE SEPTIC COMMUNITY SYSTEM

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

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

(FOR OFFICE USE ONLY)

REVISED DATE 04/11/12

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

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

A V N

2016-7783



NEW HANOVER COUNTY BUILDING PERMIT 16-2208

APPLICATION TYPE: RESIDENTIAL

PLEASE ANSWER ALL QUESTIONS APPLICABLE TO YOUR PROJECT

"Project Responsibility"

APPLICATION Number (Office Use)

APPLICANT'S NAME: Charter Building Group DATE: 7/28/16
 DEVELOPER: _____ PHONE #: 9107692440
 PROJECT ADDRESS: 625 Wild Dunes Circle CITY: Wilmington ZIP: 28411
 SUBDIVISION: Hunters Green/Porters Neck Plantation BLOCK #: _____ LOT #: 33
 PROPERTY OWNER'S NAME: Robert & Ann Walsh PHONE #: _____
 OWNER'S ADDRESS: _____ CITY: _____ ST: _____ ZIP: _____
 CONTRACTOR: Charter Building Group LICENSE #: 67679
 ADDRESS: 108 Giles Avenue Suite 104 CITY: Wilmington ST: NC ZIP: 28403
 EMAIL ADDRESS: tonya@charterbuildinggroup.com PHONE #: 9107692440
 PROJECT CONTACT PERSON: Sean Lewis PHONE #: 9104703292

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 494 SF DET GARAGE _____ SF PORCH 380 SF
 SUNROOM _____ SF POOL _____ SF STORAGE SHED _____ SF
 GREENHOUSE _____ SF DECK 134 SF OTHER: _____ SF

TOTAL HEATED SQ FT: 2303 TOTAL SQ FT UNDER ROOF: 2303 TOTAL AREA SQ FT: 3311

TOTAL PROJECT COST (Less Lot) : \$ 293428 # OF STORIES: 2

Is Any ELECTRICAL, PLUMBING or MECHANICAL Work Being Done to the Accessory Structure? Yes No
 If the project is a Relocation, is there a Natural Gas Line on the Current Site? Yes No
 Is there Electrical Power on this Building? Yes No

PROPERTY USE / OCCUPANCY: SINGLE FAMILY DUPLEX TOWNHOUSE

DESCRIPTION OF WORK: New Signle 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 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: Charter Building Group SIGNATURE: [Signature]
(Print Name)

IS THE PROPERTY LOCATED IN A FLOODPLAIN? YES NO

EXISTING IMPERVIOUS AREA: _____ SQ FT TOTAL ACRES DISTURBED: <1/3
 NEW IMPERVIOUS AREA: 3745 SQ FT EXIST LAND DISTURBING PERMIT: YES NO

WATER: CFPUA COMMUNITY SYSTEM PRIVATE WELL CENTRAL WELL
 SEWER: CFPUA CENTRAL SEPTIC PRIVATE SEPTIC COMMUNITY SYSTEM

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

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

(FOR OFFICE USE ONLY)

REVISED DATE 04/11/12

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

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

Comment: _____ PERMIT FEE: \$ 1026⁰⁰

16-489

2016-7785



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: BRANDON S. WELLS DATE: _____
 DEVELOPER: _____ PHONE #: 910-231-3953
 PROJECT ADDRESS: 430 LONG LEAF ACRES DR CITY: WILMINGTON ZIP: 28405
 SUBDIVISION: LONG LEAF ACRES BLOCK #: _____ LOT #: 162
 PROPERTY OWNER'S NAME: BRANDON S. WELLS PHONE #: _____
 OWNER'S ADDRESS: 430 LONG LEAF ACRES CITY: WILMINGTON ST: NC ZIP: 28405
 CONTRACTOR: CORRY JOHNSON LICENSE #: _____
 ADDRESS: 904 VALEY FORGE CT CITY: WILMINGTON ST: NC ZIP: 28411
 EMAIL ADDRESS: cjcanfixit@gmail.com PHONE #: _____
 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
 SUNROOM _____ SF POOL _____ SF STORAGE SHED _____ SF
 GREENHOUSE _____ SF DECK _____ SF OTHER: 252 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: 1

Is Any ELECTRICAL, PLUMBING or MECHANICAL Work Being Done to the Accessory Structure? Yes No
 If the project is a Relocation, is there a Natural Gas Line on the Current Site? Yes No
 Is there Electrical Power on this Building? Yes No

PROPERTY USE / OCCUPANCY: SINGLE FAMILY DUPLEX TOWNHOUSE

DESCRIPTION OF WORK: ADDING MSTR BEDROOM + BATH
12' x 21' addition

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: Brandon Wells SIGNATURE: Brandon Wells
 (Print Name)

IS THE PROPERTY LOCATED IN A FLOODPLAIN? YES NO

EXISTING IMPERVIOUS AREA: 1350 SQ FT TOTAL ACRES DISTURBED: _____
 NEW IMPERVIOUS AREA: 252 SQ FT EXIST LAND DISTURBING PERMIT: YES NO

WATER: CFPUA COMMUNITY SYSTEM PRIVATE WELL CENTRAL WELL
 SEWER: CFPUA CENTRAL SEPTIC PRIVATE SEPTIC COMMUNITY SYSTEM

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

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

***** (FOR OFFICE USE ONLY) *****
 ZONE: R-15 OFFICER: EKM SETBACKS: F: N/A LH: 10' RH: 10' B: 35' REVISD DATE 04/11/12
 Approval: OK City: WILM DATE: 7/28/16 FLOOD: _____ BFE+2ft= _____
 Comment: Must meet required setbacks for rear addition PERMIT FEE: \$ 410.00

R3

City zone

City Inspection Required, 910-254-0900

2016 - 7786

16-1984



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: Charter Building Group DATE: 6/27/15
DEVELOPER: Newland / NNP-IV Cape Fear River LLC. PHONE #: 9107692440
PROJECT ADDRESS: 3354 Oyster Tabby Drive CITY: Wilmington ZIP: 28412
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 ST: NC ZIP: 28403
CONTRACTOR: Charter Building Group LICENSE #: 67679
ADDRESS: 108 Giles Ave, Unit 104 CITY: Wilmington ST: NC ZIP: 28403
EMAIL ADDRESS: Tonya@charterbuildinggroup.com PHONE #: 910-769-2440
PROJECT CONTACT PERSON: Sean Lewis PHONE #: 910-262-5899

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:

[x] ATT GARAGE 638 SF [] DET GARAGE SF [x] PORCH 497 SF
[] SUNROOM SF [] POOL SF [] STORAGE SHED SF
[] GREENHOUSE SF [] DECK SF OTHER: SF

TOTAL HEATED SQ FT: 2688 TOTAL SQ FT UNDER ROOF: 3823 TOTAL AREA SQ FT: 3823

TOTAL PROJECT COST (Less Lot) : \$ 310000 # OF STORIES: 2

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: 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 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: Charter Building Group SIGNATURE: [Signature]
(Print Name)

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

EXISTING IMPERVIOUS AREA: 0 SQ FT TOTAL ACRES DISTURBED: <1/3
NEW IMPERVIOUS AREA: 4245 SQ FT EXIST LAND DISTURBING PERMIT: [] YES [x] NO

WATER: [x] CFPUA [] COMMUNITY SYSTEM [] PRIVATE WELL [] CENTRAL WELL
SEWER: [x] 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: RH: B:

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

Comment: PERMIT FEE: \$ 1697.00



NEW HANOVER COUNTY BUILDING PERMIT

APPLICATION TYPE: RESIDENTIAL

PLEASE ANSWER ALL QUESTIONS APPLICABLE TO YOUR PROJECT

"Project Responsibility"

2016-7792
PEZ16-2201

APPLICATION
Number
(Office Use)

APPLICANT'S NAME: NUKHET UCIN DATE: _____
 DEVELOPER: NUKHET UCIN PHONE #: _____
 PROJECT ADDRESS: 202 CENTRAL BLV CITY: WILMINGTON ZIP: 28401
 SUBDIVISION: _____ BLOCK #: _____ LOT #: _____
 PROPERTY OWNER'S NAME: GLNEY ACIPAYANLI PHONE #: 919 360 3065
 OWNER'S ADDRESS: 107 STRIZEL ST CITY: WILMINGTON ST: NC ZIP: 28401
 CONTRACTOR: Nukhet Ucin LICENSE #: _____ ACCOUNT #: _____
 ADDRESS: 107 S. 17th st CITY: Wilm, NC ST: NC ZIP: 28401
 EMAIL ADDRESS: zeugma91111@hotmail.com PHONE #: 919 260 7957
 PROJECT CONTACT PERSON: NUKHET UCIN PHONE #: 919 260 7957

EXISTING CONSTRUCTION: ALTERATION RENOVATION GENERAL REPAIRS RELOCATION

NEW CONSTRUCTION: ERECT NEW RESIDENCE or ADDITION TO EXISTING RESIDENCE

**PLEASE CHECK AND ANSWER BELOW ALL THAT APPLY TO YOUR PROJECT:

ATT GARAGE _____ SF DET GARAGE _____ SF PORCH _____ SF
 SUNROOM _____ SF POOL _____ SF STORAGE SHED _____ SF
 GREENHOUSE _____ SF DECK _____ SF OTHER: _____ SF

TOTAL HEATED SQ FT: 1866 TOTAL SQ FT UNDER ROOF: 960 TOTAL AREA SQ FT: _____

TOTAL PROJECT COST (Less Lot) : \$ 20,000 # OF STORIES: 2

Is Any ELECTRICAL, PLUMBING or MECHANICAL Work Being Done to the Accessory Structure? Yes No
 If the project is a Relocation, is there a Natural Gas Line on the Current Site? Yes No
 Is there Electrical Power on this Building? Yes No

PROPERTY USE / OCCUPANCY: SINGLE FAMILY DUPLEX TOWNHOUSE

DESCRIPTION OF WORK: See attached

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: NUKHET UCIN SIGNATURE: _____
 (Print Name)

IS THE PROPERTY LOCATED IN A FLOODPLAIN? YES NO

EXISTING IMPERVIOUS AREA: _____ SQ FT TOTAL ACRES DISTURBED: _____
 NEW IMPERVIOUS AREA: _____ SQ FT EXIST LAND DISTURBING PERMIT: YES NO

WATER: CFPWA COMMUNITY SYSTEM PRIVATE WELL CENTRAL WELL
 SEWER: CFPWA CENTRAL SEPTIC PRIVATE SEPTIC COMMUNITY SYSTEM

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

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

ZONE: R-7 OFFICER: ERM (FOR OFFICE USE ONLY) SETBACKS: F: N/A LH: N/A RH: N/A B: N/A REVISED DATE 04/11/12

Approval: OK City: wilm DATE: 7/28/16 FLOOD: _____ Zone X BFE+2ft= _____

Comment: Repairs as listed on attached page only - No expansion to footprint. PERMIT FEE: \$ 8500

City Inspection Required, 910-254-0900

R3 50 remodel

(City zone)