

## PEZ 17-970

#### NEW HANOVER COUNTY BUILDING PERMIT

APPLICATION TYPE: RESIDENTIAL

PLEASE ANSWER ALL QUESTIONS APPLICABLE TO YOUR PROJECT

"Project Responsibility"

0011-2700

APPLICANT'S NAME: Ingram Bros Inc			
DEVELOPER:	PHONE	#:	
PROJECT ADDRESS: 4221 Brinkman Drive CITY:	Wilmington	ZIP: 28405	
SUBDIVISION: Berkleigh	_ BLUCK #:	LOI #: 30	
PROPERTY OWNER'S NAME: Donetta Williams			
OWNER'S ADDRESS: 4221 Brinkman Drive CITY: Will	mington	ST: NC ZIP: 28405	
CONTRACTOR: Ingram Bros Inc LICENSE #	<b>#:</b> 66480		
ADDRESS: 1706 Castle Street CITY: Wil	mington	ST: NC ZIP: 28403	
EMAIL ADDRESS: projects@ingrambros.net	PHONE	#: 910-762-9695	
PROJECT CONTACT PERSON: Jeff Serens	PHONE	#: 910-443-0299	
EXISTING CONSTRUCTION: ALTERATION RENOVATION GENE	ERAL 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 SF DET GARAGE SF	PORCHSF	21MAR 17 9:1	9AM
✓ SUNROOM 240 SF POOL SF		SF	
GREENHOUSE SF DECK SF O			
		The second secon	
TOTAL HEATED SQ FT: TOTAL SQ FT UNDER ROOF:		EA SQ FT: 240	
TOTAL PROJECT COST (Less Lot): \$ 35,765 # OF STOR	RIES:		
Is Any ELECTRICAL, PLUMBING or MECHANICAL Work Being Done to the Ac	ccessory 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 TO	WNHOUSE		
DESCRIPTION OF WORK: Install sunroom			
INDUAL DUNLOOM			
DISCLAIMER: I hereby certify that all information in this application is correct and all work will comply with the and ordinances and regulations. The NHC Development Services Center will be notified of any changes in the contractor information. ***NOTE: Any Work Performed W/O the Appropriate Permits will be in Violation of the	he approved plans and specifications e NC State Bldg Code and Subject to	or change in contractor or	
OWNER/CONTRACTOR: Eddie Albrecht SIGNAT	URE: / del	10/	
(Print Name)	********	*****	
IS THE PROPERTY LOCATED IN A FLOODPLAIN? YES NO			
EXISTING IMPERVIOUS AREA: SQ FT TOTAL ACRES	DISTURBED:	_	
NEW IMPERVIOUS AREA: 240 SQ FT EXIST LAND	DISTURBING PERMIT: [	YES NO	
WATER: CFPUA COMMUNITY SYSTEM PRIVATE WELL CE	NTRAL WELL		
SEWER: CFPUA CENTRAL SEPTIC PRIVATE SEPTIC CO	MMUNITY SYSTEM		
*** SEPARATE PERMITS REQUIRED FOR ELECT, MECH, PLBG, GA PAYMENT METHOD: CASH CHECK (PAYABLE TO NHC) AMERICA ************************************	AN EXPRESS MC/VISA	DISCOVER	
(FOR OFFICE USE ONLY)		REVISED DATE 04/11/12	
ZONE:OFFICER: SETBACKS: F: L	H: RH: B:	and the second s	
Approval: City: DATE: FLOOD:	BF	E+2ft=	
		E: \$	
Comment:	LEMMII LE	· -	



QEZ 17-924

## NEW HANOVER COUNTY BUILDING PERMIT 2017-2988

APPLICATION TYPE: RESIDENTIAL

PLEASE ANSWER ALL QUESTIONS APPLICABLE TO YOUR PROJECT

#### "Project Responsibility"

Manual Control of the		
APPLICANT'S NAME: Ingram Bros Inc	DIA	DATE:3/16/17
DEVELOPER: PROJECT ADDRESS: 3500 Amber Drive	PHON	E #:
		ZIP: 28409
SUBDIVISION: Oxford Place	BLOCK #:	_ LOT #: 3
PROPERTY OWNER'S NAME: Jane & Samuel Brody	PHON	F #: 516-297-4890
OWNER'S ADDRESS: 3500 Amber Drive CI		
OWNER 3 ADDRESS. 3500 Amper Drive	WIIMINGCON	31. NC 21F. 28409
CONTRACTOR: Ingram Bros Inc	.ICENSE #: 66480	
ADDRESS: 1706 Castle Street Cl	TY: Wilmington	ST: NC ZIP: 28403
EMAIL ADDRESS: projects@ingrambros.net		E #: 910-762-9695
PROJECT CONTACT PERSON: Jeff Serens		
EXISTING CONSTRUCTION:  ALTERATION  RENOVATION	GENERAL REPAIRS REL	OCATION
NEW CONSTRUCTION: ERECT NEW RESIDENCE or ADDI	TION TO EXISTING RESIDENCE	
**PLEASE CHECK AND ANSWER BELOW ALL THAT APPLY TO YOUR PRO	DJECT:	
ATT GARAGE SF DET GARAGE		
✓ SUNROOM <u>252.72</u> SF POOL SF	STORAGE SHED	SF
GREENHOUSE SF DECK	SF OTHER:	SF
TOTAL HEATED SQ FT: TOTAL SQ FT UNDER	R ROOF: 252.72 TOTAL A	REA SQ FT: 252.72
TOTAL PROJECT COST (Less Lot) : \$ 50,740.25 #		_
Is Any <b>ELECTRICAL</b> , <b>PLUMBING</b> or <b>MECHANICAL</b> Work Being Done	to the Accessory Structure? 🔲	Yes No
If the project is a Relocation, is there a Natural G	as Line on the Current Site	? Yes No
Is there Electrical Power on this Building? ■ Yes		
PROPERTY USE / OCCUPANCY: V SINGLE FAMILY DUPLE	X TOWNHOUSE	
DESCRIPTION OF WORK: Install 12'0" x 21'6" sunroom wi	th studio roof and 3 skuligh	t namels
Indigate to division was	the board tool and buyers.	
DISCLAIMER: I hereby certify that all information in this application is correct and all work will and ordinances and regulations. The NHC Development Services Center will be notified of an		
contractor information. ***NOTE: Any Work Performed W/O the Appropriate Permits will be in		
OWNER/CONTRACTOR: Eddie Albrecht	STGNATURE:	
(Print Name)	SIGNATURE:	
***********	************	*******
IS THE PROPERTY LOCATED IN A FLOODPLAIN? YES	■ NO	
EXISTING IMPERVIOUS AREA: SQ FT TOTAL	AL ACRES DISTURBED:	
NEW IMPERVIOUS AREA: 252.72 SQ FT EXI		YES NO
WATER: CFPUA COMMUNITY SYSTEM PRIVATE WEL	I CENTRAL WELL	
SEWER: CFPUA CENTRAL SEPTIC PRIVATE SEPTIC		
SEWER: F CFPOA CENTRAL SEPTIC PRIVATE SEPTI	COMMONITY SYSTEM	
*** SEPARATE PERMITS REQUIRED FOR ELECT, MECH,  PAYMENT METHOD: CASH CHECK (PAYABLE TO NHC)  ***********************************	AMERICAN EXPRESS MC/VIS	A DISCOVER
(FOR OFFICE USE ON	.Y)	REVISED DATE 04/11/12
ZONE: OFFICER: SETBACKS: F	: LH: RH: B:_	
Approval: City: DATE: FLOOD:	A V N	
Comment:	PERMIT F	EE: \$

## PER 17-940

### NEW HANOVER COUNTY BUILDING PERMIT

APPLICATION TYPE: COMMERCIAL

PLEASE ANSWER ALL QUESTIONS APPLICABLE TO YOUR PROJECT

"Project Responsibility"

2017-2991

		C . \			2 72-17	7
APPLICANT'S NAME:	Candtall	CWD			DATE: 3-22-17	_
DEVELOPER:	4FAT			PHONE	#:	_ 
PROJECT ADDRESS:	A Academ	15 Tones 120	- 17: L	Elongton MC	217.27	
OCCUPANT/BUSINESS	NAME V	172001	CVI.	AND DESCRIPTION OF THE PARTY OF		
PROPERTY OWNER'S N	IAME: / AND A	ALL CLUB			#:	
OUNEDJE ADDDESS.	From SIMI AUX	SKETT PIL	Y: wilnes	y for '	ST: MZIP: 2840	江
CONTRACTOR: LAN	2211 (117	16 CORGE PANTE	MAKIS LITCENSE #:	ACCOUN	IT #:	
ADDRESS: 890	DENTE COURS	PN PI	CITY: wilm	Su FON	ST: N ZIP: 284	20
EMAIL ADDRESS:	contermale's	@ yahou.cor		PHONE	#: 910 622 931	3
PROJECT CONTACT PE	RSON: George	Pantermakis		PHONE	#:	
THOSECT COMME	- 0	(Check All	That Apply)			
EXIST CONSTRUCTION If Relocation, is there a	N: ALTERATION Natural Gas Line on th	RENOVATION	GENERAL REP	AIRS RELOCATI DG SPRINKLERED?		
NEW CONSTRUCTION:	FRECT NEW ST	RUCTURE FAST	TRACK SHELL	UPFIT ADD	TO EXIST STRUCTUR	RE
ACCESSORY STRUCTU					Harris Rolling Co. Co.	_
If UPFIT - The She	ell Permit #:		Is Elect Powe	r on this Buildin	ng 🔀 Yes 🔲 N	ON
	***** IS THIS	A CHANGE OF OCCUPA	NCY USE? YES	NO ****		
IF Yes, what was the						
ARCH DESIGN PROFESS	IONAL:		PH: _	NC	REG #:	
ENGR DESIGN PROFESS	IONAL:		PH: _	NC NC	REG #:	
DESCRIPTION OF WO						
Is food or beverages pre	epared or served in thi	s structure? Yes	No Is The Prope	erty Located In The Flo	odplain? Yes X	Vo
DISCLAIMER: I hereby certi and local laws and ordinance or change in contractor or co Subject to Fines Up To \$500	fy that all information in thi es and regulations. The NI- ontractor information. ***NO 0.00***	s application is correct and IC Development Services OTE: Any Work Performed	all work will comply with Center will be notified of a W/O the Appropriate Peri	the State Building Code are any changes in the approve mits will be in Violation of the	id all other applicable State d plans and specifications the NC State Bldg Code and	e i
OWNER/CONTRAC		ctanter mck	SIGNATU	IRE:	1000	
(Qualifier) Note: Demolition notifications		(Print Name)	ted using the application fo	rm (DHHS-3768) whether the	e facility or building was foun	d to
enethin Ashastos or not Yours	are required to call the Nation	nal Emission Standards for h	lazardous Air Pollutants (N	IESHAP) at (919)707-5950 a	t least 10 days prior to the	
demolition of any facility or buil	Iding. See Asbestos Web Si				,	
TOTAL PROJECT COS	ST: 19,500.	<sup>50</sup> BUILDING HEIGHT		# OF UNITS:		
TOTAL AREA SQ FT :				# OF STORIES: # OF FLOORS:		
TOTAL SQ FT UNDER			S:			
ACRES DISTURBED:				RBING PERMIT?		
NEW IMPERVIOUS AF	·- ·			OUS AREA:		
PROPERTY USE:						
WATER: CFPUA	CENTRAL SEPT	IC PRIVATE SE	PTIC COMMUN	IG USE CLASSIFICAT NITY SYSTEM	ION:	
** SE	PARATE PERMITS REQUIR	RED FOR ELECT, MECH. PL	BG. GAS EQUIP, PREF 48	S & MSERIS : .	DIGGO/ED	
PAYMENT METHOD:	CASH CHEC	K (PAYABLE TO NHC	) TRILL ACCOUNT	II MC/VISA L	DISCOVER	
*****	*********************	(FOR OFFICE US			REVISED DATE 4/11/12	2
ZONE: OFF	ICER:	SETBACKS	: F:LH:	RH:B:	_	
Approval:C	ity: DATE	:FLOOD:	A \	BFE+2ft	=	
, pp. 0 to			Α \		<b>^</b>	
Comment				PERMIT FE	EE: \$	

## September 19 (19)

### NEW HANOVER COUNTY BUILDING PERMIT

APPLICATION TYPE: COMMERCIAL

PLEASE ANSWER ALL QUESTIONS APPLICABLE TO YOUR PROJECT

"Project Responsibility"

2017-2991

Sittanti	121211	da		DATE: 3-	22-17
APPLICANT'S NAME: _		100		PHONE #:	
	> 1750 Drysd	TE Dr.	TY: Wilmyte	ZIP	:28405
PROJECT ADDRESS:		James John	will will the		
OCCUPANT/BUSINESS	NAME:				
PROPERTY OWNER'S NA	AME: LANDFALL	CWB		_ PHONE #:	
OWNER'S ADDRESS: ST	GOD SUN RUNNER	LPL Y: 1	wi/may for	ST: MZIF	:28405
	DEALL CLUB /GE	ORGE PANTERMAKY	5 F #:	ACCOUNT #:	
CONTRACTOR: CHAC	SUN PUNNER	CITY:	wilm in ton	ST: N ZIF	
ADDRESS:	pantermakis @			PHONE #: 9/0 6	
PROJECT CONTACT DE	RSON: George Pe	ntermakis		PHONE #:	
PROJECT CONTACT TE	Total Total			_	
EVICE CONSTRUCTION	: ALTERATION	(Check All That Apply) RENOVATION GENE		RELOCATION	
If Delecation is there a N	Natural Gas Line on the Cur			(LERED? Yes N	10
				ADD TO EVICE C	TOUCTUDE
NEW CONSTRUCTION:	ERECT NEW STRUCT	URE   FAST TRACK	SHELL   OPFIT	M ADD TO EXIST S	IKUCTUKE
	E: JOB SITE 7				
If UPFIT - The She	ell Permit #:	Is Ele	ect Power on this	Building Yes	NO NO
	***** IS THIS A CH	ANGE OF OCCUPANCY USE?	YES NO ***	**	
IF Yes, what was the	Previous Occupancy T	ype? W	hat is the New Occ	upancy Type?	
ARCH DESTGN PROFESSI	ONAL:		PH:	NC REG #:	
ENGR DESIGN PROFESSI	CONAL:		PH:	NC REG #:	
DESCRIPTION OF WOR					
Is food or beverages pre	pared or served in this stru	cture? Yes No Is	The Property Located	In The Floodplain?	res No
DISCI AIMER: I hereby certify	y that all information in this appli	cation is correct and all work will	comply with the State Build	ding Code and all other applic	cable State
and local laws and ordinance	y that all information in this applies and regulations. The NHC Devolution information. ***NOTE: A	relopment Services Center will be ny Work Performed W/O the App	e notified of any changes in propriate Permits will be in \	the approved plans and spec lolation of the NC State Bldg	Code and
Subject to Fines Up 10 \$500.0	00				
OWNER/CONTRAC	CTOR: George Yo		SIGNATURE:	100C	
(Qualifier)	acheetos removal nermit applicat	nt Name) ions are to be submitted using the	application form (DHHS-3768	8) whether the facility or building	g was found to
contain Ashestos or not You al	re required to call the National Emi	ission Standards for Hazardous Air	Pollutants (NESHAP) at (919	9)707-5950 at least 10 days pri	or to the
demolition of any facility or build	ding. See Asbestos Web Site: http				
TOTAL PROJECT COS	11 11 11	ILDING HEIGHT:		JNITS:	_
TOTAL AREA SQ FT:_	ROOF: /// # C	FT PER FLR:	# OF S	TORIES:	
TOTAL SQ FT UNDER	ROOF: # C				
ACRES DISTURBED: _	NA	EXST LAN	ND DISTURBING PER	RMIT? YES NO	)
NEW IMPERVIOUS AR	EA: NA	SQ FT EXISTING	IMPERVIOUS AREA	· NA	SQ FT
	OFFICE RESTAURAN				
WATER: TTICEPUA	COMMUNITY SYSTEM	M   WELL	ZONING USE CLA	SSIFICATION:	
SEWER: SCFPUA	CENTRAL SEPTIC [	PRIVATE SEPTIC	COMMUNITY SYSTE	:M	
PAYMENT METHOD: [	CASH CHECK (PA	(YABLE TO NHC) []BILI	**************************************	**************************************	
*****					ATE 4/11/12
ZONE, OFFI	ICER:	(FOR OFFICE USE ONLY) SETBACKS: F:	LH: RH:		
ZUNE:OFFI	ite DATE	FLOOD:		BFE+2ft=	2
Approval:Ci	tyDATE	A			500
Comment			PI	ERMIT FEE: \$	

## REZ 17-930

#### NEW HANOVER COUNTY BUILDING PERMIT



PLEASE ANSWER ALL QUESTIONS APPLICABLE TO YOUR PROJECT

"Project Responsibility"

**APPLICATION** Number

	"Proje	ct Responsibility"	(Office Use)
Charrentin Co.	ALLIC Shasiff's	office	DATE: 3/16/17
APPLICANT'S NAME:	NHC Sheritt'S	DIVICE	PHONE #: 910 - 798-4349
PROJECT ADDRESS:	3950 Juvenile C	enter Rd CITY: CASTLE	HAYNC ZIP: 28429
OCCUPANT/BUSINESS	NAME: NHC Sheriff	's office	
PROPERTY OWNER'S N		County - Contraction	PHONE #: <u>910-798-433</u> 0 ST: <u>NC</u> ZIP: <u>2846</u> 3
OWNER'S ADDRESS: _	230 Government	1 P. M LICENSE #:	
contractor: Ne ADDRESS: 200	DIVISION DR.	city: Wilmington	ACCOUNT #:
PROJECT CONTACT PE	111 01	gur. com	PHONE #: <u>910 798 434</u> 9 PHONE #: <u>910 279-54</u> /2
		Check All That Apply)	1
	Natural Gas Line on the Current Si		NKLERED? Yes No
NEW CONSTRUCTION: ACCESSORY STRUCTUR	RE: PRE BUILT STO	TFAST TRACK SHELL UPFIT	ADD TO EXIST STRUCTURE
If UPFIT - The She	ell Permit #:	Is Elect Power on thi	is Building 🔲 Yes 💢 NO
	***** IS THIS A CHANGE O	OF OCCUPANCY USE? YES NO **	***
		What is the New Oo	
ARCH DESIGN PROFESS: ENGR DESIGN PROFESS:	IONAL: <u>Keuin L. NC</u> IONAL:	PH:	NC REG #: <u>040955</u> NC REG #:
DESCRIPTION OF WO	RK: PRE BUILT ST	ORAGE BUILDING	
		Yes No Is The Property Locate	
DISCLAIMER: I hereby certified and local laws and ordinance or change in contractor or co Subject to Fines Up To \$500.	es and regulations. The NHC Development ontractor information, ***NOTE: Any Work	correct and all work will comply with the State Bunt Services Center will be notified of any changes Performed W/O the Appropriate Permits will be in	ilding Code and all other applicable State in the approved plans and specifications of the NC State Bldg Code and
OWNER/CONTRAC	(Print Name)	من المن SIGNATURE:	In Chil
contain Asbestos or not. You a demolition of any facility or buil	& asbestos removal permit applications are are required to call the National Emission Sta Iding, See Asbestos Web Site: http://www.e	to be submitted using the application form (DHHS-3; andards for Hazardous Air Pollutants (NESHAP) at (Spi.state.nc.us/epi/asbestos/ahmp.html	768) whether the facility or building was found to 919)707-5950 at least 10 days prior to the
TOTAL PROJECT COS	ST. BUILDING	HEIGHT: #OF	UNITS:1
TOTAL AREA SQ FT : TOTAL SQ FT UNDER		ER FLR: <u>480</u> # 0F RUCTURES: # 0F	STORIES:
ACRES DISTURBED: NEW IMPERVIOUS AR	REA:	EXST LAND DISTURBING PE SQ FT EXISTING IMPERVIOUS ARE	:A: SQ FT
PROPERTY USE:	OFFICE RESTAURANT	MERCANTILE EDUC APT C	CONDO OTHER:
WATER: CFPUA	COMMUNITY SYSTEM CENTRAL SEPTIC PRI	WELL	LASSIFICATION:
PAYMENT METHOD:	CASH CHECK (PAYABLE	T, MECH, PLBG, GAS EQUIP, PREFABS & INSERTS ETO NHC) BILL ACCOUNT MC	CIVISA DISCOVER
******	***********	***********	******
	(FOR (	OFFICE USE ONLY)	REVISED DATE 4/11/12 B:
ZONE:OFF	ICER: SE	TBACKS: F:LH:RH: FLOOD:	BFE+2ft=
Approval:C	ity:DATE:	A V	N
			PERMIT FEE: \$

Comment\_

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## NEW HANOVER COUNTY BUILDING PERMIT

APPLICATION TYPE: RESIDENTIAL

PLEASE ANSWER ALL QUESTIONS APPLICABLE TO YOUR PROJECT

"Project Responsibility"

2017-2996 17-996 APPLICATION

> Number (Office Use)

APPLICANT'S NAME: U- MOIT TINC		DATE: 3.27	2017
DEVELOPER: GO JEFF WILLAMS	PHONE	#:	
PROJECT ADDRESS: 214 Klein CITY SUBDIVISION:	": Wilmington	ZIP: 🔍	2403
PROPERTY OWNER'S NAME: Cape Country, LLC	PHONE	*****	
CONTRACTOR: 0-Mest TWC, Suite 306 LICENSE ADDRESS: PO BOX 364 CITY: BO	#: 3949/ ACCOUN	ST: <u>W.(</u> ZIP: <u>28</u> IT #: ST: <u>W.(ZIP: 28</u>	
EMAIL ADDRESS: Charles 6 154 a G Mail, Com		#: 910-616-	
PROJECT CONTACT PERSON: Mike BryAnt	PHONE	#: 910-616-8	69/
EXISTING CONSTRUCTION: ALTERATION RENOVATION GEN	BERAL REPAIRS RELOC	ATION	
NEW CONSTRUCTION: ERECT NEW RESIDENCE OF ADDITION TO  **PLEASE CHECK AND ANSWER BELOW ALL THAT APPLY TO YOUR PROJECT:  ATT GARAGE SF DET GARAGE SF [  SUNROOM SF POOL SF [  GREENHOUSE SF DECK SF (	PORCH LOZ SF STORAGE SHED		
TOTAL HEATED SQ FT: 1098 TOTAL SQ FT UNDER ROOF:  TOTAL PROJECT COST (Less Log): \$# 19,000 # OF STO	1200 TOTAL ARE	A SQ FT: 12	00
Is Any ELECTRICAL, PLUMBING or MECHANICAL Work Being Done to the A If the project is a Relocation, is there a Natural Gas Line Is there Electrical Power on this Building? X Yes No	1.00	-	
ONSCLAIMER: I hereby certify therall information in this application is correct and all work will comply with and ordinances and regulations. The NHC Development Services Center will be notified of any changes in contractor information. "NOTE: Any Work Performed W/O the Appropriate Permits will be in Violation of OWNER CONTRACTOR:  OWNER CONTRACTOR:  SIGNA	the State Building Code and all other ap the Approved plans and specifications of the NC State Bldg Code, and Subject to B	er Engeneen  poplicable State and local lar  or change in contractor or  Fines Up To \$500,00***	staps or any Frame Inside
**************************************	*********	*****	Engineered
EXISTING IMPERVIOUS AREA: SQ FT TOTAL ACRE  NEW IMPERVIOUS AREA: SQ FT EXIST LAND	DISTURBED: DISTURBING PERMIT:	YES NO	Este
WATER: X CFPUA COMMUNITY SYSTEM PRIVATE WELL C SEWER: X CFPUA CENTRAL SEPTIC PRIVATE SEPTIC C	ENTRAL WELL DMMUNITY SYSTEM		
*** SEPARATE PERMITS REQUIRED FOR ELECT, MECH, PLBG, G PAYMENT METHOD: CASH CHECK (PAYABLE TO NHC) BILL A ***********************************	ccount	DISCOVER	
connert: No expansion to existing footprice	H: <b>NA</b> RH: <b>NA</b> B: <b>N</b>	REVISED DATE 64/11/ E+2ft=	12
comment: No expansion to existing footprin	PERMIT FEE	: \$	0



## NEW HANOVER COUNTY BUILDING PERMIT APPLICATION TYPE: RESIDENTIAL

题17 10 14 Application

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

APPLICANT'S NAME: Ingrum Boos,	Inc	Date: 3-27-17
PROJECT ADDRESS: 1404 Spaniel	Ct. CITY: Wi	Date: 3-27-17 1m zip: 28411
SUBDIVISION:		LOT #:
PROPERTY OWNER'S NAME: Ricky &	Sally Strickland PHO	DNE#: 910 200-2133
OWNER'S ADDRESS: 5AME	CITY:	ZIP:
contractor: Ingram Bros Inc address: 1706 Castle St EMAIL ADDRESS: projects @ inc		BLDG LICENSE #: 64480
EMAIL ADDRESS:	gram boos, net	PHONE: 900 762 - 9695
PROJECT CONTACT PERSON: Danny W	hisenant	PHONE: 910 - 599-3146
EXISTING CONSTRUCTION: Alteration   Renov	ation   General Repairs	27MAR 17 2:43P
NEW CONSTRUCTION: ☐ Erect New Residence	Addition to Existing Residence $\ \square$ Reloca	ition
***PLEASE CHECK AND	ANSWER BELOW ALL THAT APPLY TO YO	
☐ Att Garage (SF)	☐ Det Garage (SF)	Porch (SF) 224
☐ Sunroom (SF)	□ Pool (SF)	☐ Storage Shed (SF)
☐ Greenhouse (SF)	□ Deck (SF)	☐ Other (SF)
Is the proposed work changing the existing footprint	Yes \( No - Has existing	slab
TOTAL SQ FT UNDER ROOF (for proposed work) Hea	ited: Unheated:	224
TOTAL PROJECT COST (Less Lot): \$ 10, 200		
Is the proposed work changing the number of bedroods any <b>Electrical</b> , <b>Plumbing</b> or <b>Mechanical</b> work being If the project is a <b>Relocation</b> , is there a Natural Gas L Is there Electrical Power on this Building? <b>Yes</b>	ne on the current site?  Yes  No	□ No
Property Use/ Occupancy: Single Family Dup Description of Work:	olex   Townhouse	listing slab/Patio
<b>DISCLAIMER:</b> I hereby certify that all the information in this applic laws and ordinances and regulations. The NHC Development Servi information. ***NOTE: Any work performed without the appropri	ces Center will be notified of any changes in the appr ate permits will be in violation of the NC State Bide C	oved plans and specifications or change in contractor
Owner/Contractor: Owner/Contractor: Print Name	Signature:	
Is the property located in a floodplain?   Yes	lo	
Existing Impervious Area: Sq Ft	Total Acres Disturbed:	
New Impervious Area: Sq Ft	<b>Existing Land Disturbing Permit:</b>	☐ Yes ☐ No
WATER:   CFPUA □ Community System □ Pri	vate Well 🛘 Central Well 🖨 Aqua	
SEWER:	vate Septic 🗆 Central Septic 🗀 Aqua	
Zone: Officer: Setbacks (F)	(LH)(RH)(B)	
Approval: City: Date: Fl	ood: (A) (V) (N) BFE	+2ft=
Comment:		Permit Fee: \$



## NEW HANOVER COUNTY BUILDING PERMIT APPLICATION TYPE: RESIDENTIAL

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

APPLICANT'S NAME: American +	tomesmith LLC	Date:
PROJECT ADDRESS: 3749 Stormy	Gale	
SUBDIVISION: <u>Cape Landing</u>		гот#: 39
PROPERTY OWNER'S NAME: Quer can	Homesmith	PHONE #: 919-67-6-8100
SOWNER'S ADDRESS: 12917 Dura	ut Rd.	city: Rulergh zip: 27614
CONTRACTOR: John Rock -	AMERICAN HOMESI	BLDG LICENSE #: 68116
ADDRESS: 1271 Davant	ca , homo sou sthe	CITY: <u>Raleugh</u> ST: NCZIP: <u>27614</u> COM PHONE: 919-422-6990
	2	PHONE: 910-833-4198
<b>EXISTING CONSTRUCTION</b> : □ Alteration □ Re	novation   General Repairs	
NEW CONSTRUCTION: 🗷 Erect New Residence	☐ Addition to Existing Reside	ence 🗆 Relocation
***PLEASE CHECK A	AND ANSWER BELOW ALL THA	T APPLY TO YOUR PROJECT***
🗷 Att Garage (SF) <u>466</u>	☐ Det Garage (SF)	□ Porch (SF) <u>259</u>
☐ Sunroom (SF)	☐ Pool (SF)	Storage Shed (SF)
☐ Greenhouse (SF)	☐ Deck (SF)	☐ Other (SF)
Is the proposed work changing the existing footp	rint? 🗆 Yes 🗆 No	
TOTAL SQ FT UNDER ROOF (for proposed work)	Heated: 2150	Unheated: 725
TOTAL PROJECT COST (Less Lot): \$ /29,000	<u> </u>	
Is the proposed work changing the number of be	drooms? 🗆 Yes 🔀 No	
Is any Electrical, Plumbing or Mechanical work b If the project is a Relocation, is there a Natural G		
Is there Electrical Power on this Building? <b>Z</b> Yes		
Property Use/ Occupancy: S Single Family	Dunley Townhouse	
Description of Work: Single family	r Residential ho	ne
2		
DISCLAIMER: I hereby certify that all the information in this a	pplication is correct and all work will o	comply with the State Building Code and all other applicable State and local
information. ***NOTE: Any work performed without the app	ropriate permits will be in violation of	changes in the approved plans and specifications or change in contractor the NC State Bldg Code and subject to fines up to \$500.00***
Owner/Contractor:	Signature	: Molene Vandelserg
"Licensed Qualifier" Print Name	<b>2</b>	9
Is the property located in a floodplain?   Yes	<b>≱</b> No	
Existing Impervious Area: Sq Ft	Total Acres Distu	rbed:
New Impervious Area: Sq Ft	Existing Land Dis	turbing Permit: 🗌 Yes 🔼 No
WATER: ☑ CFPUA ☐ Community System ☐	Private Well   Central Well	☐ Aqua
SEWER: ☑ CFPUA ☐ Community System ☐	Private Septic   Central Se	otic 🗆 Aqua
Zone: Officer: Setbacks (F	) (LH) (RH)	_(B)
Approval: City: Date:	Flood: (A) (V)	BFE+2ft= Permit Fee: \$
Comment:		Permit Fee: \$



#### NEW HANOVER COUNTY BUILDING PERMIT

**APPLICATION TYPE: RESIDENTIAL** 

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

17-1020
Application
Number
(office use)

APPLICANT'S NAME: American Homesmith LLC Date:

PROJECT ADDRESS: 4216 Salt Works CITY: Wilmington ZIP: 28405 subdivision: <u>Cape Landing</u> LOT#:\_\_\_\_\_\_ PROPERTY OWNER'S NAME: Comerican Home smith LC PHONE #: 919-676-8100 OWNER'S ADDRESS: 12917 Durant Za. CITY: Ralargh ZIPZ7614 contractor: John Rock

ADDRESS: 12917 Durant Rd

EMAIL ADDRESS: JROCK Pamericanhonesmith.com

BLDG LICENSE #: 6816

CITY: Ralaigh ST:XC ZIP: 2761

PHONE: 919-422-6990 PROJECT CONTACT PERSON: Babby Edwards PHONE: 916-833-4198 **EXISTING CONSTRUCTION:** □ Alteration □ Renovation □ General Repairs NEW CONSTRUCTION: 

☐ Erect New Residence ☐ Addition to Existing Residence ☐ Relocation \*\*\*PLEASE CHECK AND ANSWER BELOW ALL THAT APPLY TO YOUR PROJECT\*\*\* □ Porch (SF) Z&5 Att Garage (SF) 44.5 ☐ Det Garage (SF) \_\_\_\_\_ ☐ Storage Shed (SF) \_\_\_\_\_ ☐ Sunroom (SF) \_\_\_\_\_\_ ☐ Pool (SF) \_\_\_\_\_\_ ☐ Greenhouse (SF) \_\_\_\_\_ Other (SF) ☐ Deck (SF) Is the proposed work changing the existing footprint? 

Yes 

No TOTAL SQ FT UNDER ROOF (for proposed work) Heated: 1968 \_\_\_ Unheated: \_ 73 TOTAL PROJECT COST (Less Lot): \$/19000 Is the proposed work changing the number of bedrooms? 

Yes 
No Is any Electrical, Plumbing or Mechanical work being done to the Accessory Structure 🔲 Yes 🗷 No If the project is a Relocation, is there a Natural Gas Line on the current site? 

Yes 
No Is there Electrical Power on this Building? \( \square\) Yes \( \square\) No Property Use/ Occupancy: ☑ Single Family ☐ Duplex ☐ Townhouse Description of Work: Single family Residential home DISCLAIMER: I hereby certify that all the information in this application is correct and all work will comply with the State Building Code and all other applicable State and local laws and ordinances and regulations. The NHC Development Services Center will be notified of any changes in the approved plans and specifications or change in contractor information. \*\*\*NOTE: Any work performed without the appropriate permits will be in violation of the NC State Bldg Code and subject to fines up to \$500.00\*\* Owner/Contractor: "Licensed Qualifier" Is the property located in a floodplain? 

Yes 
No Existing Impervious Area: \_\_\_\_\_ Sq Ft Total Acres Disturbed: New Impervious Area: Sq Ft Existing Land Disturbing Permit: 
Yes X No WATER: ☑ CFPUA ☐ Community System ☐ Private Well ☐ Central Well ☐ Aqua SEWER: 

☐ CFPUA ☐ Community System ☐ Private Septic ☐ Central Septic ☐ Aqua Zone: Officer: Setbacks (F) (LH) (RH) (B) Approval: \_\_\_\_\_ City: \_\_\_\_ Date: \_\_\_\_ Flood: (A) \_\_\_\_ (V) \_\_\_ (N) \_\_\_\_ BFE+2ft= \_\_\_\_ Permit Fee: \$ Comment:



## 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: American Homesmith LLC Date:

PROJECT ADDRESS: 4212 Soult works CITY: Wilmington ZIP: 28405 SUBDIVISION: <u>Cape Landing</u> LOT#: property owner's name: American Home smith phone #: 919-676-8100
owner's address: 12917 Durant city: Ralergh zip: 27614 contractor: John Rock

ADDRESS: 12917 Durant

EMAIL ADDRESS: JRock Q americanhomesmith. com

PHONE: 919-422-6990 PROJECT CONTACT PERSON: Bobby Edwards PHONE: 910-833-4198 **EXISTING CONSTRUCTION:** □ Alteration □ Renovation □ General Repairs NEW CONSTRUCTION: 

☑ Erect New Residence 
☐ Addition to Existing Residence 
☐ Relocation \*\*\*PLEASE CHECK AND ANSWER BELOW ALL THAT APPLY TO YOUR PROJECT\*\*\* ₩ Porch (SF) 367 🛮 Att Garage (SF) 397 ☐ Det Garage (SF) \_\_\_\_\_ ☐ Pool (SF) \_\_\_\_\_ ☐ Sunroom (SF) \_\_\_\_\_ ☐ Storage Shed (SF) ☐ Deck (SF) \_\_\_\_\_\_ ☐ Greenhouse (SF) \_\_\_\_\_ ☐ Other (SF) Is the proposed work changing the existing footprint? ☐ Yes ☐ No TOTAL SQ FT UNDER ROOF (for proposed work) Heated: 1932 Unheated: 704 TOTAL PROJECT COST (Less Lot): \$ //4,000 Is the proposed work changing the number of bedrooms? 

Yes 
No Is any Electrical, Plumbing or Mechanical work being done to the Accessory Structure 

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

Yes 
No Property Use/ Occupancy: ☑ Single Family ☐ Duplex ☐ Townhouse Description of Work: Single family Residential home DISCLAIMER: I hereby certify that all the information in this application is correct and all work will comply with the State Building Code and all other applicable State and local laws and ordinances and regulations. The NHC Development Services Center will be notified of any changes in the approved plans and specifications or change in contractor information. \*\*\*NOTE: Any work performed without the appropriate permits will be in violation of the NC State Bldg Code and subject to fines up to \$500.00\*\*\* Owner/Contractor: Marloue "Licensed Qualifier" Is the property located in a floodplain? 

Yes 
No Total Acres Disturbed: Existing Impervious Area: \_\_\_\_\_ Sq Ft Existing Land Disturbing Permit: ☐ Yes ►No New Impervious Area: \_\_\_\_\_ Sq Ft WATER: 

CFPUA □ Community System □ Private Well □ Central Well □ Aqua SEWER: ☑ CFPUA ☐ Community System ☐ Private Septic ☐ Central Septic ☐ Aqua Zone: \_\_\_\_\_\_ Officer: \_\_\_\_\_ Setbacks (F) \_\_\_\_ (LH) \_\_\_\_ (RH) \_\_\_\_ (B) \_\_\_\_ Approval: \_\_\_\_\_ City: \_\_\_\_ Date: \_\_\_\_ Flood: (A) \_\_\_\_ (V) \_\_\_ (N) \_\_\_ BFE+2ft= \_\_\_ Permit Fee: \$



#### NEW HANOVER COUNTY BUILDING PERMIT

**APPLICATION TYPE: RESIDENTIAL** 

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

APPLICANT'S NAME: American		Date:
PROJECT ADDRESS: 4268 Salt		CITY: Wilmington ZIP: 28405
subdivision: <u>Cape Landin</u>	<u>.</u>	LOT #:
PROPERTY OWNER'S NAME:	in Home smith	PHONE #: 919- 4-76-8100
OWNER'S ADDRESS: 12917 Dura	nt Rd.	CITY: Raleugh ZIP: 27614
contractor: John Rock ADDRESS: 12917 Durant	Ra	BLDG LICENSE #: 68116  CITY: Raleigh ST: NC ZIP: 27614
		. CUM PHONE: 919-422-6990
PROJECT CONTACT PERSON: Babby	Edwards	PHONE: 410-833-4198
<b>EXISTING CONSTRUCTION:</b> $\Box$ Alteration $\Box$	Renovation   General Repairs	
NEW CONSTRUCTION:   ☐ Erect New Resider	nce   Addition to Existing Resid	lence  Relocation
***PLEASE CHEC	CK AND ANSWER BELOW ALL THA	AT APPLY TO YOUR PROJECT***
🗷 Att Garage (SF) 466	☐ Det Garage (SF)	X Porch (SF) 259
☐ Sunroom (SF)	☐ Pool (SF)	Storage Shed (SF)
☐ Greenhouse (SF)	□ Deck (SF)	Other (SF)
Is the proposed work changing the existing fo	otprint?   Yes   No	• 3
TOTAL SQ FT UNDER ROOF (for proposed wor	rk) Heated: 215 c)	Unheated: 725
TOTAL PROJECT COST (Less Lot): \$ 129,0	.60	•
Is the proposed work changing the number of its any Electrical, Plumbing or Mechanical world the project is a Relocation, is there a Natural sthere Electrical Power on this Building?	rk being done to the Accessory Strail Gas Line on the current site?	
Description of Work: Single fam		me
laws and ordinances and regulations. The NHC Developm information. ***NOTE: Any work performed without the	nent Services Center will be notified of any appropriate permits will be in violation o	comply with the State Building Code and all other applicable State and local y changes in the approved plans and specifications or change in contractor f the NC State Bldg Code and subject to fines up to \$500.00***
Owner/Contractor:	Signatur	e: Marlene Vandeblig
"Licensed Qualifier" Print N	ame	9
Is the property located in a floodplain?		
Existing Impervious Area: Sq Ft		urbed:
New Impervious Area: Sq Ft	Existing Land Di	sturbing Permit: 🗆 Yes 🖄 No
WATER: ☑ CFPUA ☐ Community System	☐ Private Well ☐ Central Wel	II □ Aqua
SEWER: CFPUA  Community System	☐ Private Septic ☐ Central Se	eptic 🗆 Aqua
Zone: Officer: Setbacks		
Approval: City: Date:	Flood: (A) (V)	(N) BFE+2ft=
Comment:		Permit Fee: \$



#### NEW HANOVER COUNTY BUILDING PERMIT APPLICATION TYPE: RESIDENTIAL

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

20/7-3035 17-1007 Application Number (office use)

- ADVISITION TO	"Project Responsibility"	(office use)
PROJECT ADDRESS: 470 4 So SUBDIVISION: Cape Land	<del>- J</del>	Date: Wilmington ZIP: 28405 LOT#: 43
PROPERTY OWNER'S NAME: Wher OWNER'S ADDRESS: 12917 Du	rant	_ PHONE #: 919-676-8100 CITY: Rale & Sh ZIP: 27619
contractor: John Rock address: 12917 Durant EMAIL ADDRESS: JROCK @ G	city: city: con	BLDG LICENSE #: 68116  Roleigh ST: NC ZIP: 27614  PHONE: 919-422-6990
PROJECT CONTACT PERSON: Bobb	y Edwards	PHONE: 910-833-4198
<b>EXISTING CONSTRUCTION:</b> Alteration	☐ Renovation ☐ General Repairs	
NEW CONSTRUCTION: 🗷 Erect New Re	sidence	Relocation
***PLEASE	CHECK AND ANSWER BELOW ALL THAT APPLY	
🗷 Att Garage (SF) <u>462</u>	☐ Det Garage (SF)	Porch (SF) 306
☐ Sunroom (SF)	□ Pool (SF)	☐ Storage Shed (SF)
☐ Greenhouse (SF)	□ Deck (SF)	Dother (SF) 647 cettic
) Is the proposed work changing the existing		• .
Is the proposed work changing the number of the project is a Relocation, is there a North the project is a Relocation, is there a North the Property Use/ Occupancy: Management of the Single Farence of the Property Use/ Occupancy: Management	er of bedrooms?	Yes ⊠ No
laws and ordinances and regulations. The NHC Dev	elopment Services Center will be notified of any changes in t	the State Building Code and all other applicable State and local the approved plans and specifications or change in contractor e Bldg Code and subject to fines up to \$500.00***
Owner/Contractor:	Signature:	where Vandersey
Is the property located in a floodplain?	☐ Yes 🔀 No	
Existing Impervious Area:Sq		
New Impervious Area: So		
(A.2)	tem  Private Well  Central Well  Aqua	
	tem Private Septic Central Septic A	
Zone: Officer: Set	packs (F) (LH) (RH) (B)	
Approval: City: Date	: Flood: (A) (V) (N)	Permit Fee: \$



Comment:

## NEW HANOVER COUNTY BUILDING PERMIT APPLICATION TYPE: RESIDENTIAL

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

Application Number

Permit Fee: \$

(office use) APPLICANT'S NAME: American Homesmith LLC Date:

PROJECT ADDRESS: 3753 Stormy Cale CITY: Wilmington ZIP: 28405 subdivision: <u>Cape Landine</u> PROPERTY OWNER'S NAME: Querican Home Smith PHONE #: 919-676-8100 OWNER'S ADDRESS: 12917 Durant CITY: Raleogh ZIP: 27619 contractor: John Rock

BLDG LICENSE #: 68116

ADDRESS: 12917 Durand

CITY: Ralergh ST: NCZIP: 2761

EMAIL ADDRESS: JRock @ american homesmith. com PHONE: 919-422-6990 BLDG LICENSE,#: 68116 PROJECT CONTACT PERSON: Bobby Edwards PHONE: 910-833-4198 **EXISTING CONSTRUCTION:** Alteration Renovation General Repairs NEW CONSTRUCTION: 

☐ Erect New Residence ☐ Addition to Existing Residence ☐ Relocation \*\*\*PLEASE CHECK AND ANSWER BELOW ALL THAT APPLY TO YOUR PROJECT\*\*\* ★ Att Garage (SF) 445 □ Porch (SF) 285 ☐ Det Garage (SF) \_\_\_\_\_ ☐ Pool (SF) \_\_\_\_\_ ☐ Sunroom (SF) ☐ Storage Shed (SF) ☐ Greenhouse (SF) ☐ Deck (SF) ☐ Other (SF) is the proposed work changing the existing footprint? 

Yes 

No TOTAL SQ FT UNDER ROOF (for proposed work) Heated: 1968 Unheated: 7.30 TOTAL PROJECT COST (Less Lot): \$ 119000 Is the proposed work changing the number of bedrooms? 

Yes 
No ls 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: Single family Residential home DISCLAIMER: I hereby certify that all the information in this application is correct and all work will comply with the State Building Code and all other applicable State and local aws and ordinances and regulations. The NHC Development Services Center will be notified of any changes in the approved plans and specifications or change in contractor information. \*\*\*NOTE: Any work performed without the appropriate permits will be in violation of the NC State Bldg Code and subject to fines up to \$500.00\*\*\* Owner/Contractor: "Licensed Qualifier" Is the property located in a floodplain? 

Yes No Total Acres Disturbed: Existing Impervious Area: \_\_\_\_\_ Sq Ft New Impervious Area: \_\_\_\_\_ Sq Ft Existing Land Disturbing Permit: 
Yes No WATER: ☒ CFPUA ☐ Community System ☐ Private Well ☐ Central Well ☐ Aqua SEWER: ☑ CFPUA ☐ Community System ☐ Private Septic ☐ Central Septic ☐ Aqua Zone: \_\_\_\_\_ Officer: \_\_\_\_\_ Setbacks (F) \_\_\_\_ (LH) \_\_\_\_ (RH) \_\_\_\_ (B) \_\_\_\_ Approval: \_\_\_\_\_ City: \_\_\_\_ Date: \_\_\_\_ Flood: (A) \_\_\_\_ (V) \_\_\_ (N) \_\_\_ BFE+2ft= \_\_\_\_

2017-2618

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#### **NEW HANOVER COUNTY BUILDING PERMIT**

**APPLICATION TYPE: RESIDENTIAL** 

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

17-787

	(office use)
	APPLICANT'S NAME: BOCEAN BYE POOLS - Stars of NC . Date: 3/7/2017
	PROJECT ADDRESS: 1404 Spaniel Court CITY: Wilmouton ZIP: 28411
	SUBDIVISION:LOT #:
	PROPERTY OWNER'S NAME: Ricky Strickland PHONE #: 910-200-2133
	OWNER'S ADDRESS: 1404 SCAPIEL CT. CITY: WITMYNGTON ZIP:28411
	10-100 July 2012 2010 July 2010
	ADDRESS: 30 COVIL AVE CITY: WILMONTON ST:NC ZIP: 28403
	EMAIL ADDRESS: CSOCEAN DUE @ amail.com PHONE: 910-799-3000
	PROJECT CONTACT PERSON: NOT COCOSCAN PHONE: 910-799-3022
	EXISTING CONSTRUCTION: Alteration   Renovation   General Repairs
	NEW CONSTRUCTION: ☐ Erect New Residence ☐ Addition to Existing Residence ☐ Relocation
	***PLEASE CHECK AND ANSWER BELOW ALL THAT APPLY TO YOUR PROJECT***
	☐ Att Garage (SF) ☐ Det Garage (SF) ☐ Porch (SF)
	□ Sunroom (SF) □ Storage Shed (SF) □ Storage Shed (SF)
	□ Greenhouse (SF) □ Other (SF) □ Other (SF) □ Other (SF)
1 5	Is the proposed work changing the existing footprint?   Yes   No
F	TOTAL SQ FT UNDER ROOF (for proposed work) Heated: Unheated:
zed letter to the	TOTAL PROJECT COST (Less Lot): \$ 26,300
11	Is the proposed work changing the number of bedrooms?   Yes  No
to	Is any Electrical, Plumbing or Mechanical work being done to the Accessory Structure   Yes  No
7	If the project is a <b>Relocation</b> , is there a <b>Natural</b> Gas Line on the current site?
7	
2	Property Use/ Occupancy: Single Family Duplex Townhouse Description of Work: Install ingrand Fiberals pool. 26 X 3
	Description of Work. 110 regree 425 foots. (XV 77 )
3	DISCLAIMER: I hereby certify that all the information in this application is correct and all work will comply with the State Building Code and all other applicable State and local
a	laws and ordinances and regulations. The NHC Development Services Center will be notified of any changes in the approved plans and specifications or change in contractor information. ***NOTE: Any work performed without the appropriate permits will be in violation of the NC State Bidg Code and subject to fine up to \$500.00***
2	
X	Owner/Contractor: You line Dunce Signature: Rulled W
- 1	Is the property located in a floodplain?   Yes   No
	Existing Impervious Area: 1770 Sq Ft Total Acres Disturbed:
	New Impervious Area: <u>3511,5</u> Sq Ft Existing Land Disturbing Permit: ☐ Yes ☐ No
	WATER: CFPUA Community System Private Well Central Well Aqua
	SEWER: CFPUA Community System Private Septic Central Septic Aqua
	Zone: Officer: Setbacks (F) (LH) (RH) (B)
	Approval: City: Date: Flood: (A) (V) (N) BFE+2ft=  Permit Fee: \$
	Comment:Permit Fee: \$

2017-2619



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## NEW HANOVER COUNTY BUILDING PERMIT APPLICATION TYPE: RESIDENTIAL

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

17-780

APPLICANT'S NAME: Ocean Blue Pools and Spas of NC	Date: 3/8/17
PROJECT ADDRESS: 1402 Spaniel Ct	CITY: Wilmington ,NC ZIP: 28411
SUBDIVISION: Quailwood	LOT#: 117
P. Dobordoon	
PROPERTY OWNER'S NAME: BJ Richardson OWNER'S ADDRESS: 1402 Spaniel Ct	PHONE #: 910-620-9166  CITY: Wilmington ZIP: 28411
OWNER'S ADDRESS: 1402 Opanier of	CITY: Vinitington ZIP: 25 1 1 1
CONTRACTOR: Ocean Blue Pools and Spas of NC	BLDG LICENSE #: 73760
ADDRESS: 30 Covil Avenue	CITY: Wilmington ST: NC ZIP: 28403
EMAIL ADDRESS: oceanblue28403@gmail.com	PHONE: 910-799-3022
PROJECT CONTACT PERCON, Kethleen Lynch	PHONE: 910-799-3022
PROJECT CONTACT PERSON: Kathleen Lynch	PHONE: 010-100-0022
<b>EXISTING CONSTRUCTION:</b> □ Alteration □ Renovation □ General Repairs	
NEW CONSTRUCTION: ☐ Erect New Residence ☐ Addition to Existing Resider	nce   Relocation
***PLEASE CHECK AND ANSWER BELOW ALL THAT	
☐ Att Garage (SF) ☐ Det Garage (SF) ☐	
□ Sunroom (SF) <b>1</b> Pool (SF) <u>554.5</u>	
☐ Greenhouse (SF)	Other (SF)
Is the proposed work changing the existing footprint? $\square$ Yes $ otin  o$	
TOTAL SQ FT UNDER ROOF (for proposed work) Heated: U	Inheated:
TOTAL PROJECT COST (Less Lot): \$26,300.00	
Is the proposed work changing the number of bedrooms?   Yes No Is any Electrical, Plumbing or Mechanical work being done to the Accessory Structly the project is a Relocation, is there a Natural Gas Line on the current site?  Is there Electrical Power on this Building? Yes No	
Property Use/ Occupancy: ■ Single Family □ Duplex □ Townhouse  Description of Work: Install fiberglass swimming pool 26 x 13 with cement	decking, pool code main drains, pool alarms
and pool code fencing.	
DISCLAIMER: I hereby certify that all the information in this application is correct and all work will contain a supplication and ordinances and regulations. The NHC Development Services Center will be notified of any chainformation. ***NOTE: Any work performed without the appropriate permits will be in violation of the Owner/Contractor: Pauline Dunne  Signature:	hanges in the approved plans and specifications or change in contractor
"Licensed Qualifier" Print Name	
Is the property located in a floodplain?   Yes   No	
11 0/2	bed:
20:00	urbing Permit:  Yes No
WATER:   CFPUA □ Community System □ Private Well □ Central Well □	
SEWER: \( \text{CFPUA} \subseteq \text{Community System} \subseteq \text{Private Well } \subseteq \text{Central Septic} \)	
Zone: Officer: Setbacks (F) (LH) (RH) ( Approval: City: Date: Flood: (A) (V) (I	
Comment:	Permit Fee: \$
LUMMENT.	remit ree. 3

2017-2989



### NEW HANOVER COUNTY BUILDING PERMIT

17 - 984

APPLICATION TYPE: RESIDENTIAL

PLEASE ANSWER ALL QUESTIONS APPLICABLE TO YOUR PROJECT

"Project Responsibility"

APPLICANT'S NAME: North State Partners Construction, LLC DEVELOPER: DATE: 3/21/	/2017
DUONE	
THOSE ADDRESS: 1525 Salty Bay Landing (TTV: Wilmington	
BLOCK #: LOT #:	
PROPERTY OWNER'S NAME: Peter and Lily Donat	
OWNER'S ADDRESS: 1525 Salty Bay Landing CITY: Wilmington ST: NC ZIP: 2	20400
CONTRACTOR: North State Partners Country	:8409
CONTRACTOR: North State Partners Construction, LLC LICENSE #: 70046  ADDRESS: P.O. Box 359	
ADDRESS: P.O. Box 359 CITY: Wrightsville Beach ST: NC ZIP: 1	28480
EMAIL ADDRESS: office@northstatecustombuilders.com PHONE #: 910-200-93	174
PROJECT CONTACT PERSON: Jim Wiseman PHONE #: 910-442-7	574
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:	
SUNROOMSF	
GREENHOUSE SF DECK SF OTHER: SF	
TOTAL HEATED SQ FT: 3971 TOTAL SQ FT UNDER ROOF: 5253 TOTAL AREA SQ FT: 528	5.3
TOTAL PROJECT COST (Less Lot): \$ 725,000 # OF STORIES: 2	,,,
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: Construct Single Family Residence	
DICCI AIMED 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 and ordinances and regulations. The NHC Development Services Center will be notified of any changes in the approved plans and specifications or change in contractor information. ***NOTE: Any Work Performed W/O the Appropriate Permits will be in Violation of the NC State Bidg Code and Subject to Fines Up 10 \$500.00***	laws
OWNER/CONTRACTOR: Jim Wiseman SIGNATURE:	
**************************************	
EXISTING IMPERVIOUS AREA: 0 SQ FT TOTAL ACRES DISTURBED: >1	
NEW IMPERVIOUS AREA: >1 SO ET FYEST LAND DESTRUBED: >1	
NEW IMPERVIOUS AREA: >1 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:	
************************************	
(FOR OFFICE LISE ONLY)	/12
ZONE:OFFICER:SETBACKS: F: LH: RH: R:	/12
FOR DEETCE HEE ONLY	/12



C Fire, Ct, CFPUA,

NEW HANOVER COUNTY BUILDING PERMIT

APPLICATION TYPE: COMMERCIAL

PLEASE ANSWER ALL QUESTIONS APPLICABLE TO YOUR PROJECT

"Project Responsibility"

2017-2993

17 - 716

APPLICANT'S NAME: MASONBORO INVESTMENT SERVICES, LLC		DATE: 01/25/17
DEVELOPER: MASONBORO CONSTRUCTION	PHONE !	1: 910443-3282
PROJECT ADDRESS: 3301 MASONBORO LOOP RD. CITY: WILMINGTON		ZIP: 280409
OCCUPANT/BUSINESS NAME: SPECULATIVE RETAIL BUILDING		
PROPERTY OWNER'S NAME: MASONBORO INVESTMENT SERVICES, LLC	PHONE 4	<b>*:</b> 910
OWNER'S ADDRESS: PO BOX 16150 CITY: WILMINGTON		T: NC ZIP: 28408
CONTRACTOR: MASONZORO TRUSTOMENT (COMPREY LC LICENSE #: 76463		
		T TTD
ADDRESS: PO BOX 16150 CITY: WILMINGTON  EMAIL ADDRESS: SDSAIEED@MASONBOROCONSTRUCTION.COM		T: NC ZIP: 28406
PROJECT CONTACT PERSON: STEVE SAIEED		910-443-3282
	PHONE :	1: 910-443-3282
EXIST CONSTRUCTION: ALTERATION RENOVATION GENERAL REPAIRS REPAIRS REPAIRS REPAIRS If Relocation, is there a Natural Gas Line on the Current Site? Yes No IS BLDG SPRINKLI	ELOCATION ERED?	
NEW CONSTRUCTION:    ERECT NEW STRUCTURE    FAST TRACK    SHELL    UPFIT    ACCESSORY STRUCTURE:	ADD TO	EXIST STRUCTURE
If UPFIT - The Shell Permit #: N/A Is Elect Power on this E	Building	Yes NO
***** IS THIS A CHANGE OF OCCUPANCY USE? YES IN NO *****	DE .	
IF Yes, what was the Previous Occupancy Type? NONE What is the New Occup		e? M/A-2 SPEC
ARCH DESIGN PROFESSIONAL: JOHN REES PH: 9104095304	NC R	EG #: 10541
ENGR DESIGN PROFESSIONAL: DOUG JONES PH: 9105235381		EG #: 025852
DESCRIPTION OF WORK: NEW 5000 S.F. BUILDING APPROVED BY TRC		eNOTTHIS
Is food or beverages prepared or served in this structure? Yes No Is The Property Located in	The Flood	plain? Yes No
DISCLAIMER: I hereby certify that all information in this application is correct and all work will comply with the State Building and local laws and ordinances and regulations. The NHC Development Services Center will be notified of any changes in the or change in contractor or contractor information. "NOTE: Any Work Performed W/O the Appropriate Permits will be in Viole Subject to Fines Up To \$500.00"	Code and approved pation of the	all other applicable State plans and specifications NC State Bidg Code and
OWNER/CONTRACTOR: STOUS SIGNATURE	CA.	
(Quelifier) (Print Name)		
Note: Demolition notifications & esbestos removal permit applications are to be submitted using the application form (DHHS-3789) w contain Asbestos or not. You are required to call the National Emission Standards for Hazardous Air Pollutarits (NESHAP) at (919)70 demolition of any facility or building. See Asbestos Web Site: http://www.epi.state.nc.us/epi/esbestos/ehmp.html	7-5950 at le	cility or building was found to ast 10 days prior to the
TOTAL PROJECT COST: 628,900 BUILDING HEIGHT: 251 #OF UNI	TS: 3	
TOTAL AREA SQ FT : 5000 SQ FT PER FLR: 5000 # OF STO		
TOTAL SQ FT UNDER ROOF: 5000 # OF STRUCTURES: 1 # OF FLO	ORS: 1	
ACRES DISTURBED: 1.5 ACRES EXST LAND DISTURBING PERMIT	ro Tv	e MNO
ACRES DISTURBED: 1.5 ACRES EXST LAND DISTURBING PERMIT NEW IMPERVIOUS AREA: 28,885 SQ FT EXISTING IMPERVIOUS AREA: 25	9.285	SOFT
PROPERTY USE: OFFICE RESTAURANT MERCANTILE EDUC APT COND		
		Control of the Party of the Par
NATER: CFPUA COMMUNITY SYSTEM WELL ZONING USE CLASS SEWER: CFPUA CENTRAL SEPTIC PRIVATE SEPTIC COMMUNITY SYSTEM	ii ioxiio	Management de la company de la
"SEPARATE PERMITS REQUIRED FOR ELECT, MECH, PLBG, GAS EQUIP, PREFABS & INSERTS " PAYMENT METHOD: CASH CHECK (PAYABLE TO NHC) AMERICAN EXPRESS N	ACMISA	DISCOVER
***************************************		Baseled
(FOR OFFICE USE ONLY)		REVISED DATE 4/11/12
	;	
pproval:DATE:FLOOD:BF	E+2ft=_	
A V N	MIT FEE:	\$ 1,928-



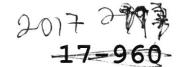
Comment

#### NEW HANOVER COUNTY BUILDING PERMIT

APPLICATION TYPE: COMMERCIAL

PLEASE ANSWER ALL QUESTIONS APPLICABLE TO YOUR PROJECT

"Project Responsibility"



APPLICANT'S NAME:	Sunny Flores on behalf of A	T&T Wireless	AT&T Site Name:	GE Plant #478-069	)	DATE: 3/21/17	
DEVELOPER:					PHONE	#:	
PROJECT ADDRESS:	3901 Castle Hayne Rd		CITY:	Wilmingt	on	ZIP:	28401
OCCUPANT/BUSINESS	NAME: AT&T Wireless		5500				
PROPERTY OWNER'S N	NAME: Crown Castle				PHONE	#: 800-788-70	11
OWNER'S ADDRESS: _	Crown Castle 2000 Corporate Drive	е	CITY: Canonsi	ourg		ST: PA ZIP:	15317
CONTRACTOR:	MasTec Network Solution	ns	LICENSE #:	70087			
ADDRESS: 1000 Centre	Green Way, Ste 300		CITY:	Cary		ST: NC ZIP:	27513
EMAIL ADDRESS:	Bradley.Conn@masted	c.com			PHONE	#: 919-674-590	
PROJECT CONTACT PE	RSON: Bradley Conn				PHONE	#: (678)-995-63	14
If Relocation, is there a !  NEW CONSTRUCTION:	N: ALTERATION Natural Gas Line on the Cu	rrent Site?	GENERAL R  TRACK SHEL	BLDG SPRINKLI	ERED?	Yes No	JCTURE
ACCESSORY STRUCTUR						- <b>- - -</b>	
II OPFII - ING SNO	ell Permit #:					ig 🔼 kez	NO
IF Yes. what was the	***** IS THIS A CH					rpe?	
ENGR DESIGN PROFESSI	IONAL: SMW Engineering		PH	· 205-482-2633	NC	REG #: 16-297	5
	DUL to DUS Swap; Add : RK: Move Flex as needed; R	XMU and SFPs; F	iarvest Nokia & Ad	d ODN in Place w/	ODN Su	b-Panel; Propose	d Cable Chase
Is food or beverages pre	pared or served in this stru	cture? Yes	No Is The Pro	perty Located In	The Floo	odplain? Yes	No
and local laws and ordinance or change in contractor or cor Subject to Fines Up To \$500.	y that all information in this applic s and regulations. The NHC Dev atractor information. ***NOTE: Ar 00***	elopment Services ( ny Work Performed \	Center will be notified W/O the Appropriate F	of any changes in the Permits will be in Viol	approved ation of the	d plans and specific e NC State Bldg Co	ations de and
Note: Demolition notifications & contain Asbestos or not. You as	Bradley Conn  (Print asbestos removal permit applicative required to call the National Emisting. See Asbestos Web Site: http:	ons are to be submitte ssion Standards for H	ed using the application azardous Air Pollutants	n form (DHHS-3768) w s (NESHAP) at (919)70		faelity or building wa	
TOTAL PROJECT COS	T· \$25,000 BUI	LDING HEIGHT:	139.03 RAD Cent	er # OF UNI	TS:		
TOTAL SQ FT UNDER	225sf SQ # 0	F STRUCTURE	S:	# OF FLC	ORS:_		
ACRES DISTURBED:	100 200		EXST LAND DIST	 URBING PERMI	T? 🔲 \	YES NO	
NEW IMPERVIOUS ARI	EA:	SQ FT	EXISTING IMPER	RVIOUS AREA: _			_SQFT
PROPERTY USE: C	FFICE RESTAURANT	MERCANT	ILE EDUC	APT COND	о от	HER: WT Cell To	ower
SEWER: CFPUA [	COMMUNITY SYSTEM CENTRAL SEPTIC  PARATE PERMITS REQUIRED FO	PRIVATE SEP	PTIC COMM BG, GAS EQUIP, PREF	ABS & INSERTS ***			
PAYMENT METHOD:	CASH CHECK (PA	YABLE TO NHC)	AMERICAN	EXPRESS [M]	*******	PISCOAE	n
		(FOR OFFICE USE	ONLY)			REVISED DATE	4/11/12
ZONE: OFFI	CER:	SETBACKS	: F:LH:	RH: E	3:		
Approval: Cit	CER: ty:DATE:	FLOOD:_		B	FE+2ft=		
2			Α	v N PER	MIT FE	E: \$	

## CZ XFORE NHRMC

#### NEW HANOVER COUNTY BUILDING PERMIT

APPLICATION TYPE: COMMERCIAL

PLEASE ANSWER ALL QUESTIONS APPLICABLE TO YOUR PROJECT

"Project Responsibility"

1958 1958

APPLICANT'S NAME: Kevels on tracting Services, INC DATE: 3-22-1
PHONE #:
PROJECT ADDRESS: 2131 S. 1775 ST. CITY: WILMENGTON NG ZIP: 2840
OCCUPANT/BUSINESS NAME: NEW HONOVEY RMC
PROPERTY OWNER'S NAME: KON WILLIAMSON PHONE #: 910-342-306
OWNER'S ADDRESS: 2131 5. 1779 STc CITY: Wilmeton ST: NCZIP: 2840/
CONTRACTOR: Kevels Contraction 6 LICENSE #: 3322 3 ACCOUNT #:
ADDRESS: 5620 Gallaghar DR CITY: GOSTONIA ST: NCZIP: 28082
EMAIL ADDRESS: buddy- McConnell & revels contracting COM PHONE #: 704-917-0446
PROJECT CONTACT TERSON
(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 YES *****
IF Yes, what was the Previous Occupancy Type? What is the New Occupancy Type?
ARCH DESIGN PROFESSIONAL: ECA ARChitects  PH: 704-849-6748 NC REG #: 7877  PH: 704-849-6748 NC REG #: 042167
6, 0
DESCRIPTION OF WORK: TWENTO Y NEW YORK X-RAY Egyphent. Electrical: hu
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: H.O. M. Connell, Le 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: 18740 BUILDING HEIGHT: EXISTING # OF UNITS:
TOTAL AREA SQ FT :
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: DISTINGUISME
WATER: CFPUA COMMUNITY SYSTEM WELL ZONING USE CLASSIFICATION: COMMUNITY SYSTEM CENTRAL 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)  REVISED DATE 4/11/12
ZONE:OFFICER: SETBACKS: F:LH: B:
Approval: City:DATE:FLOOD:BFE+2ft=
Comment: A V N PERMIT FEF: \$ FOR

#### NEW HANOVER COUNTY BUILDING PERMIT APPLICATION TYPE: RESIDENTIAL

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

APPLICANT'S NAME: The Farlow Group, Inc.		Date: 3-10-17
PROJECT ADDRESS: 7429 Masonboro Sound RD	CITY: Wilmington	ZIP: 28409
SUBDIVISION: NA	LOT #:	NA
PROPERTY OWNER'S NAME: Katherine Galloway Meyer R. OWNER'S ADDRESS: 7429 Masonboro Sound RD	evocable Trust PHONE #: (910)  CITY: Wilmington	
		46000
CONTRACTOR: The Farlow Group, Inc. ADDRESS: PO Box 517	BLDG CITY: Wrightsville Beac	LICENSE #: 46889
EMAIL ADDRESS: jim@farlowgroup.com	PHONE: (910	
PROJECT CONTACT PERSON: Jim Farlow		) 471-4733 COLL
EXISTING CONSTRUCTION: ☐ Alteration ☐ Renovation ☐	General Repairs	
NEW CONSTRUCTION: ☐ Erect New Residence 💢 Addition	to Existing Residence  Relocation	HED
	R BELOW ALL THAT APPLY TO YOUR PROJECT*	
☐ Att Garage (SF) Det 0	Garage (SF) 356 Porch (S	SF)
	(SF) Storage	Shed (SF)
	(SF) 164 Q Other (S	SF) 622 Studio
Is the proposed work changing the existing footprint? 🔊 Yes	SE SEPTION AND ADMINISTRAÇÃO DE MINISTRAÇÃO DE MINI	
TOTAL SQ FT UNDER ROOF (for proposed work) Heated:	627 Unheated: 356	_
TOTAL PROJECT COST (Less Lot): \$ 168,000 -		
Is the proposed work changing the number of bedrooms?  Is any Electrical, Plumbing or Mechanical work being done to  If the project is a Relocation, is there a Natural Gas Line on the  Is there Electrical Power on this Building? Yes  No	the Accessory Structure X Yes  No	
Property Use/ Occupancy: 又 Single Family ロ Duplex ロ T Description of Work: GREET 月 STWDio AN	ownhouse d a Aringe.	
DISCLAIMER: I hereby certify that all the information in this application is cor laws and ordinances and regulations. The NHC Development Services Center Information. ***NOTE: Any work performed without the appropriate permits  Owner/Contractor:  "Licensed Qualifier"  Print Name	will be notified of any changes in the approved plans and sp	pecifications or change in contractor of fines up to \$500.00***
Is the property located in a floodplain? $\square$ Yes $\square$ No		
Existing Impervious Area: Sq Ft	Total Acres Disturbed:	
New Impervious Area: Sq Ft	Existing Land Disturbing Permit: $\square$ Yes $\square$ N	0
WATER: $lacksquare$ CFPUA $\Box$ Community System $\Box$ Private Wel		
SEWER:		
Zone: Officer: Setbacks (F) (LH) _	(RH) (B)	2-1-0
Approval: City: Date: Flood: (A)	(V) (N) BFE+2ft=	nit Fee: \$
Comment:	Peri	



#### NEW HANOVER COUNTY BUILDING PERMIT

APPLICATION TYPE: RESIDENTIAL

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

APPLICANT'S NAME: Prestige Pool	Date: 3-2/-/	7		
PROJECT ADDRESS: 5211   time eggle	CH CITY: Ming for ZIP:			
SUBDIVISION: N/O	LOT #:			
PROPERTY OWNER'S NAME: JAMES & DOWNER'S ADDRESS: 521 Jak Page	ct city: Wilmington zie			
CONTRACTOR: SHAWE COSMI ADDRESS: 5307 J. COLLEGE Vd	CITY: Who ration ST: MCZIP: 2			
EMAIL ADDRESS: PRESTIGE FOOLS 2811	2 @ gfail.com PHONE: 910-409-62-	17		
PROJECT CONTACT PERSON: Jardan L	Mitaker PHONE: 910-409-524	+7_		
<b>EXISTING CONSTRUCTION:</b> □ Alteration □ Rend	ovation   General Repairs			
NEW CONSTRUCTION:   Erect New Residence	Addition to Existing Residence 🗆 Relocation			
***PLEASE CHECK AN	D ANSWER BELOW ALL THAT APPLY TO YOUR PROJECT***			
☐ Att Garage (SF)	☐ Det Garage (SF) ☐ Porch (SF)			
Sunroom (SF)	Pool (SF) Storage Shed (SF)			
Greenhouse (SF)	☐ Deck (SF) ☐ Other (SF)			
Is the proposed work changing the existing footprin	nt? 🗆 Yes 🗀 No			
TOTAL SQ FT UNDER ROOF (for proposed work) He	eated: Unheated:			
TOTAL PROJECT COST (Less Lot): \$ 50,000				
Is the proposed work changing the number of bedrooms?   Yes  No Is any Electrical, Plumbing or Mechanical work being done to the Accessory Structure  Yes  No If the project is a Relocation, is there a Natural Gas Line on the current site?  Yes  No Is there Electrical Power on this Building?  Yes  No				
Property Use/ Occupancy: Single Family Du Description of Work:				
Induaries SI	unmine poul			
DISCLAIMER: I hereby certify that all the information in this application is correct and all work will comply with the State Building Code and all other applicable State and local laws and ordinances and regulations. The NHC Development Services Center will be notified of any changes in the approved plans and specifications or change in contractor information. ***NOTE: Any work performed without the appropriate permits will be in violation of the NC State Blog Code and subject to fines up to \$500.00***				
Owner/Contractor: SHANG KOSAN "Licensed Qualifier" Print Name	Signature:	********************************		
Is the property located in a floodplain? $\Box$ Yes $\Box$	No			
Existing Impervious Area:Sq Ft	Total Acres Disturbed:			
New Impervious Area:Sq Ft	Existing Land Disturbing Permit:   Yes   No			
WATER: ☐ CFPUA ☐ Community System ☐ P	Private Well   Central Well   Aqua			
SEWER: ☐ CFPUA ☐ Community System ☐ P	Private Septic 🔲 Central Septic 🗀 Aqua			
Zone: Officer: Setbacks (F)				
	(LH) (RH) (B)			
		_		



#### NEW HANOVER COUNTY BUILDING PERMIT APPLICATION TYPE: RESIDENTIAL

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

2017-3044

APPLICANT'S NAME: American Ho	smesmith LLC		Date:
PROJECT ADDRESS: 3848 Smooth	Water	_ CITY: Wilming for	1 ZIP: 28405
subdivision: <u>Cape Landing</u>		LOT #:	15
PROPERTY OWNER'S NAME: Querican OWNER'S ADDRESS: 12917 Durant	Homesmith	LLCPHONE#:91 CITY:_Ralev	9-676-8100 gh zip: 27614
contractor: John Rock ADDRESS: 12917 Durant EMAIL ADDRESS: JROCK @ americ	an homesmith.	BLDG CITY: Ralergh Com PHONE: 9	ST: NC ZIP: 27614 (9-422-6990
PROJECT CONTACT PERSON: Bobby Ed			
<b>EXISTING CONSTRUCTION:</b> □ Alteration □ Reno	vation   General Repairs		
NEW CONSTRUCTION: ■ Erect New Residence	Addition to Existing Reside	nce 🗆 Relocation	
***PLEASE CHECK AN	D ANSWER BELOW ALL THA	F APPLY TO YOUR PROJECT*	**
★ Att Garage (SF) 484	☐ Det Garage (SF)	Mr Porch (	SF) ZZ6
☐ Sunroom (SF)	□ Pool (SF)	Storage	e Shed (SF)
☐ Greenhouse (SF)	☐ Deck (SF)	Other (	SF) 670 attic
Is the proposed work changing the existing footprin	t? ☐ Yes ☐ No		<b>«</b> 3
TOTAL SQ FT UNDER ROOF (for proposed work) He	eated: 2279 1	Jnheated: 1386	_
TOTAL PROJECT COST (Less Lot): \$ 137 000		o &	
Is the proposed work changing the number of bedro is any Electrical, Plumbing or Mechanical work being if the project is a Relocation, is there a Natural Gas is there Electrical Power on this Building? Yes Property Use/ Occupancy: Single Family Description of Work:	ng done to the Accessory Stru Line on the current site? No  Iplex Townhouse	Yes 🗷 No	
DISCLAIMER: I hereby certify that all the information in this appl laws and ordinances and regulations. The NHC Development Ser information. ***NOTE: Any work performed without the approp	vices Center will be notified of any or oriate permits will be in violation of	changes in the approved plans and s the NC State Bldg Code and subject	specifications or change in contractor to fines up to \$500.00***
Owner/Contractor: Print Name	Signature	: Marleve Van	diBeige
"Licensed Qualifier" Print Name		PRESENTED TO SERVICE AND ADDRESS OF THE PROPERTY OF THE PROPER	<b>Y</b>
Is the property located in a floodplain?   Yes	No	¥	
Existing Impervious Area: Sq Ft	Total Acres Distu	rbed:	-
New Impervious Area: Sq Ft	Existing Land Dist	urbing Permit:  Yes 🛛 N	No
WATER: $oldsymbol{\mathbb{Z}}$ CFPUA $\square$ Community System $\square$ P	rivate Well   Central Well	□ Aqua	
SEWER: $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$	rivate Septic 🛭 Central Sep	tic 🗆 Aqua	
Zone: Officer: Setbacks (F)	(LH) (RH)	(B)	R1125
Approval: City: Date:	Flood: (A) (V)	(N) BFE+2ft=	mit Fee: \$
Comment:		Peri	mit Fee: \$

2017 3046



#### NEW HANOVER COUNTY BUILDING PERMIT

APPLICATION TYPE: RESIDENTIAL

PLEASE ANSWER ALL QUESTIONS APPLICABLE TO YOUR PROJECT

"Project Responsibility"

APPLICANT'S NAME: Cow, bbean tools & Spac, Inc DATE: 3-21-17
DEVELOPER:  PROJECT ADDRESS: 6004 Wellesley D1 CITY: WWW No 219: 2845
SUBDIVISION: SLOCK #: LOT #:
PROPERTY OWNER'S NAME: TICE BRUDGERY PHONE #;
OWNER'S ADDRESS: 6004 Judiesle, Dr. CITY: Wilm ST: NC EXP: 28405
CONTRACTOR: Can block tooks & Sock I've EZCENSE #: 41598 ACCOUNT #: ADDRESS: 2005 Castle lance Roud SITY: WILLIAM ST: ACZIP: 2840
ADDRESS: 2005 Cactle Haine Road SITY: WILLY ST: NC ZIP: 28401 EMAIL ADDRESS: Carlabean Pool Scrobolson thingt PHONE #: 910-815-4492
PROJECT CONTACT PERSON: Phone #: 910-619-4770
EXISTING CONSTRUCTION: ALTERATION REMOVATION GENERAL REPAIRS RELOCATION
NEW CONSTRUCTION: TERECT NEW RESIDENCE OF ADDITION TO EXISTING RESIDENCE
⇒PPLEASE CHECK AND ANSWER BELOW ALL THAT APPLY TO YOUR PROJECT:
ATT GARAGE SF DET GARAGE SF PORCH SF 22MR 17 9:06AM
SUNROOM SF POOL COD SF STORAGE SHED SF
GREENHOUSE SF DECK SF OTHER: SF
TOTAL MEATED SQ FT: TOTAL SQ FT UNDER ROOF: TOTAL AREA SQ FT:
TOTAL PROJECT COST (Less Lot) : \$ 65,000 # OF STORIES:
IS ANY ELECTRICAL, PLUMBING OF MECHANICAL Work Being Done to the Accessory Structure? Tyes Wo
If the project is a Relocation, is there a Natural Gas Line on the Current Site? Yes Who
Is there Electrical Power on this Building? Yes into
PROPERTY USE / DECUPANCY: SINGLE FAMILY DUPLEX DIOWNHOUSE
DESCRIPTION OF WORK: Install Faground Surmany Loo
DISCLAMER: I hereby cartify 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. ************************************
OWNER/CONTRACTOR: MINISTER SIGNATURE: 14M HERRA
Opposition opposition contraction and the contraction of the contraction opposition opposition opposition opposition of the contraction opposition opposit
IS THE PROPERTY LOCATED IN A FLOODPLAIM? YES NO
NEW IMPERVIOUS AREA:SQ FT TUTAL ACRES DISTURBED: NEW IMPERVIOUS AREA:SQ FT EXIST LAND DISTURBING PERMIT:YES NG
WATER: CCFPUA COMMUNITY SYSTEM PRIVATE WELL CENTRAL WELL
SEWER: CFPUR CENTRAL SEPTIC PRIVATE SEPTIC COMMUNITY SYSTEM
SEPARATE PERMITS REQUIRED FOR ELECT, MECH, PLDG, GAS EQUIP, PREFABS & INSERTS
PAYMENT METHOD: CASH CHECK (PAYABLE TO MHC) CELL ACCOUNT CHC/VISA CDISCOVER
ZONE: R-15 OFFICER: SETBACKS: F: NIA LH: 10 B: 10 B: 10 B: 10
Approval: City: DATE 3 2017 FLOOD: V REFLIGOR
commence All portions of pool + Demonent pool PERMIT FEE: # 75
meet minimum subjects. City Inspection Requirea, 910-254-0900
City Inspection Required, 910-254 0000
10-204-0921



## NEW HANOVER COUNTY BUILDING PERMIT APPLICATION TYPE: RESIDENTIAL

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

Application Number (office use)

Date: 02/24/2017 APPLICANT'S NAME: J.A.C.K. Development LLC PROJECT ADDRESS: 1338 Tidal Walk Dr CITY: Wilmington ZIP: 28409 LOT #: 424 SUBDIVISION: Tidal Walk PROPERTY OWNER'S NAME: J.A.C.K. Development PHONE #: 7045062404 ZIP: 28078 OWNER'S ADDRESS: 16230 Loch Raven Rd CITY: Huntersiville CONTRACTOR: J.A.C.K. Development LLC BLDG LICENSE #: 77443 CITY: Huntersville ST: NC ZIP: 28078 ADDRESS: 16230 Loch Raven Rd EMAIL ADDRESS: jason@16pointeproperties.com PHONE: 7045062404 PHONE: 7045062404 PROJECT CONTACT PERSON: Jason Akins **EXISTING CONSTRUCTION:** □ Alteration □ Renovation □ General Repairs NEW CONSTRUCTION: ☐ Erect New Residence ☐ Addition to Existing Residence ☐ Relocation \*\*\*PLEASE CHECK AND ANSWER BELOW ALL THAT APPLY TO YOUR PROJECT\*\*\* Att Garage (SF) 2100 Porch (SF) 516 ☐ Det Garage (SF) ☐ Pool (SF) ☐ Storage Shed (SF) ☐ Sunroom (SF) Deck (SF) 330 Other (SF) ☐ Greenhouse (SF) Is the proposed work changing the existing footprint? 

Yes 

No TOTAL SQ FT UNDER ROOF (for proposed work) Heated: 3599 Unheated: 6215 TOTAL PROJECT COST (Less Lot): \$ 432000 Is the proposed work changing the number of bedrooms? \(\sigma\) Yes \(\sigma\) No Is any Electrical, Plumbing or Mechanical work being done to the Accessory Structure 🔲 Yes 🔲 No If the project is a **Relocation**, is there a Natural Gas Line on the current site? 

Yes 
No Is there Electrical Power on this Building? \( \subseteq \text{Yes} \subseteq \text{No} \) Property Use/ Occupancy: ☑ Single Family ☐ Duplex ☐ Townhouse Description of Work: Single family New Construction DISCLAIMER: I hereby certify that all the information in this application is correct and all work will comply with the State Building Code and all other applicable State and local laws and ordinances and regulations. The NHC Development Services Center will be notified of any changes in the approved plans and specifications or change in contractor information. \*\*\*NOTE: Any work performed without the appropriate permits will be in violation of the NC State Bldg Code and subject to fines up to \$500.00\*\*\* Owner/Contractor: Jason D Akins "Licensed Qualifier" Is the property located in a floodplain? ☑ Yes ☐ No Total Acres Disturbed: .1 Existing Impervious Area: 0 Sq Ft Existing Land Disturbing Permit: 
Yes No New Impervious Area: 3391 Sq Ft WATER: ☐ CFPUA ☐ Community System ☐ Private Well ☐ Central Well ☐ Aqua \$2,752-SEWER: ☑ CFPUA ☐ Community System ☐ Private Septic ☐ Central Septic ☐ Aqua Zone: \_\_\_\_\_ Officer: \_\_\_\_ Setbacks (F) \_\_\_\_ (LH) \_\_\_\_ (RH) \_\_\_\_ (B) \_\_\_\_ Approval: City: Date: Flood: (A) (V) (N) BFE+2ft= Permit Fee: \$ Comment:

#### NEW HANOVER COUNTY BUILDING PERMIT

#### **APPLICATION TYPE: RESIDENTIAL**

PLEASE ANSWER ALL QUESTIONS APPLICABLE TO YOUR PROJECT

2017-

NID	"Project Responsibility"	(office use)
In.	maile - 1 kings	1.3.17
APPLICANT'S NAME:	2 RH Cheft DJ CITY W.	Date: 1 3 1 7 Ming to 2119: 2849 LOT #
PROJECT ADDRESS: 124 SUBDIVISION:		LOT #
	$\Lambda$	
PROPERTY OWNER'S NAME: #	1242 Brownth Rd CITY:	NE#: 910.367.6202 Wilming for zip:2840
OWNER'S ADDRESS.		5
CONTRACTOR:	Dring to Ming	minghyst: NCzIP: 26 469
ADDRESS: K	inax eyanso.com	HONE: 410 367-6203
PROJECT CONTACT PERSON:	Anton Jen Ly Kiper	PHONE: \$ 10 3474202
EXISTING CONSTRUCTION:	Alteration ☐ Renovation ☐ General Repairs	
NEW CONSTRUCTION:   Erec	ct New Residence 🗡 Addition to Existing Residence 🗆 Relocat	tion
	**PLEASE CHECK AND ANSWER BELOW ALL THAT APPLY TO YOU	
☐ Att Garage (SF)	Det Garage (SF) 1440	☐ Porch (SF)
☐ Sunroom (SF)	□ Pool (SF)	☐ Storage Shed (SF)
☐ Greenhouse (SF)	□ Deck (SF)	☐ Other (SF)
Is the proposed work changing	the existing footprint?  Yes  No	1 12
TOTAL SQ FT UNDER ROOF (fo	or proposed work) Heated: Unheated:	+40
TOTAL PROJECT COST (Less Lo	it): \$ 15,000	
Is any Electrical, Plumbing or N	g the number of bedrooms?	⊠ No
Description of Work:	Single Family Duplex Townhouse	20110
	detached parage in bac	
laws and ordinances and regulations. information. ***NOTE: Any work perf	the information in this application is correct and all work will comply with the Stat The NHC Development Services Center will be notified of any changes in the appring formed without the appropriate permits will be in violation of the NC State Bldg Co	oved plans and specifications or change in contractor
Owner/Contractor:	Print Name Signature:	
Is the property located in a flo	oodplain? 🗆 Yes 🗆 No	
Existing Impervious Area:	Sq Ft Total Acres Disturbed:	
New Impervious Area:	Sq Ft Existing Land Disturbing Permit:	☐ Yes ☐ No
WATER:   CFPUA   Comm	munity System 🔰 Private Well 🗆 Central Well 🗀 Aqua	
SEWER:   CFPUA   Comm	munity System 🖼 Private Septic 🗆 Central Septic 🗀 Aqua	
Zone: Officer:	Setbacks (F) (LH) (RH) (B)	
Approval: City:	Date: Flood: (A) (V) (N) BFE	+2ft=
Comment:		Permit Fee: \$

OF JOHN

XOTC OK Per Linda Drew Bankowski & Painter 2017-732

#### **NEW HANOVER COUNTY BUILDING PERMIT**

APPLICATION TYPE: RESIDENTIAL

PLEASE ANSWER ALL QUESTIONS APPLICABLE TO YOUR PROJECT

"Project Responsibility"

APPLICANT'S NAME: Tommy Sneed		DATE:		
DEVELOPER: Thompson Restoration dba Servpro of New Handver	PHONE	#: 910-762-8180		
PROJECT ADDRESS: 4534 Noland Drive CITY;				
SUBDIVISION:	BLOCK #:	LOT #:		
PROPERTY OWNER'S NAME: Charlie Ponton		#: 910-520-3899		
OWNER'S ADDRESS: 4534 Noland Drive CITY: Wilmi:	ngton	ST: NC ZIP: 28405		
CONTRACTOR: Thompson Restoration dba Servpro of NH LICENSE #:	67933			
ADDRESS: 6606 Windmill Way CITY: Wilmi				
EMAIL ADDRESS: cqower@servproofnewhanover.com	PHONE	#: 910-762-8180		
PROJECT CONTACT PERSON: Tommy Sneed	PHONE	#: 910-367-0643		
EXISTING CONSTRUCTION: ALTERATION RENOVATION GENERAL	AL REPAIRS RELOC	TATION		
NEW CONSTRUCTION: ERECT NEW RESIDENCE or ADDITION TO EX	CISTING RESIDENCE			
**PLEASE CHECK AND ANSWER BELOW ALL THAT APPLY TO YOUR PROJECT:				
ATT GARAGE SF DET GARAGE SF				
	STORAGE SHED			
GREENHOUSE SF DECK SF OTH	ER:	SF		
TOTAL HEATED SQ FT: 1436 TOTAL SQ FT UNDER ROOF:	TOTAL ARE	EA SQ FT: 1436		
TOTAL PROJECT COST (Less Lot): \$ 80,000 # OF STORI		-		
Is Any ELECTRICAL, PLUMBING or MECHANICAL Work Being Done to the Acce	essory Structure? 🔳 Y	es No		
If the project is a Relocation, is there a Natural Gas Line or				
Is there Electrical Power on this Building? Yes INO	(4)	30		
PROPERTY USE / OCCUPANCY: V SINGLE FAMILY DUPLEX TOWN	HOUSE			
DESCRIPTION OF WORK: Structural repairs to the interior of the ho	ome. Replacement of d	amaged electrical,		
plumbing, drywall, insulation, flooring and paint. There is no cha				
DISCLAIMER: I hereby certify that all information in this application is correct and all work will comply with the S and ordinances and regulations. The NHC Devalopment Services Center will be notified of any changes in the a contractor information. ***NOTE: Any Work Performed W/O the Appropriate Permits will be in Vigilation of the N	approved plans and specifications	or change in contractor or		
OWNER/CONTRACTOR: Christina Gower Tommy Snce SIGNATUR		bny		
**************************************				
IS THE PROPERTY LOCATED IN A FLOODPLAIN? YES NO				
EXISTING IMPERVIOUS AREA:SQ FT TOTAL ACRES D	ISTURBED:			
NEW IMPERVIOUS AREA: SQ FT EXIST LAND DI	STURBING PERMIT:	YES NO		
WATER: CFPUA COMMUNITY SYSTEM PRIVATE WELL CENT				
SEWER: CFPUA CENTRAL SEPTIC PRIVATE SEPTIC COMM	UNITY 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: NO Z.F.	V N PERMIT FEE	1100		