

COUNTY

PEZ 17-970

2017-2985



# 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: Ingram Bros Inc DATE: 3/20/17

DEVELOPER: \_\_\_\_\_ PHONE #: \_\_\_\_\_

PROJECT ADDRESS: 4221 Brinkman Drive CITY: Wilmington ZIP: 28405

SUBDIVISION: Berkleigh BLOCK #: \_\_\_\_\_ LOT #: 30

PROPERTY OWNER'S NAME: Donetta Williams PHONE #: 910-784-7945

OWNER'S ADDRESS: 4221 Brinkman Drive CITY: Wilmington ST: NC ZIP: 28405

CONTRACTOR: Ingram Bros Inc LICENSE #: 66480

ADDRESS: 1706 Castle Street CITY: Wilmington 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  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 240 SF
- POOL \_\_\_\_\_ SF
- STORAGE SHED \_\_\_\_\_ SF
- GREENHOUSE \_\_\_\_\_ SF
- DECK \_\_\_\_\_ SF
- OTHER: \_\_\_\_\_ SF

21MAR 17 9:19AM

TOTAL HEATED SQ FT: \_\_\_\_\_ TOTAL SQ FT UNDER ROOF: 240 TOTAL AREA SQ FT: 240

TOTAL PROJECT COST (Less Lot) : \$ 35,765 # 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: Install sunroom

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

OWNER/CONTRACTOR: Eddie Albrecht SIGNATURE:

(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  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: \$ \_\_\_\_\_

CITY

PEZ 17-924

2017-2988



# 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: Ingram Bros Inc DATE: 3/16/17  
 DEVELOPER: \_\_\_\_\_ PHONE #: \_\_\_\_\_  
 PROJECT ADDRESS: 3500 Amber Drive CITY: Wilmington ZIP: 28409  
 SUBDIVISION: Oxford Place BLOCK #: \_\_\_\_\_ LOT #: 3  
 PROPERTY OWNER'S NAME: Jane & Samuel Brody PHONE #: 516-297-4890  
 OWNER'S ADDRESS: 3500 Amber Drive CITY: Wilmington ST: NC ZIP: 28409  
 CONTRACTOR: Ingram Bros Inc LICENSE #: 66480  
 ADDRESS: 1706 Castle Street CITY: Wilmington 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  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 21MAR 17 9:19AM  
 SUNROOM 252.72 SF  POOL \_\_\_\_\_ SF  STORAGE SHED \_\_\_\_\_ SF  
 GREENHOUSE \_\_\_\_\_ SF  DECK \_\_\_\_\_ SF OTHER: \_\_\_\_\_ SF

TOTAL HEATED SQ FT: \_\_\_\_\_ TOTAL SQ FT UNDER ROOF: 252.72 TOTAL AREA SQ FT: 252.72

TOTAL PROJECT COST (Less Lot) : \$ 50,740.25 # 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: Install 12'0" x 21'6" sunroom with studio roof and 3 skylight panels.

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OWNER/CONTRACTOR: Eddie Albrecht SIGNATURE: [Signature]  
(Print Name)

IS THE PROPERTY LOCATED IN A FLOODPLAIN?  YES  NO

EXISTING IMPERVIOUS AREA: \_\_\_\_\_ SQ FT TOTAL ACRES DISTURBED: \_\_\_\_\_  
 NEW IMPERVIOUS AREA: 252.72 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: \$ \_\_\_\_\_

PEE 17-940

2017-2991



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: Landfall Club DATE: 3-22-17
DEVELOPER:
PROJECT ADDRESS: 1750 Drystate Dr. CITY: Wilmington NC ZIP: 28405
OCCUPANT/BUSINESS NAME:
PROPERTY OWNER'S NAME: LANDFALL CLUB PHONE #:
OWNER'S ADDRESS: 800 SUN RUNNER PL Y: Wilmington ST: NC ZIP: 28405
CONTRACTOR: LANDFALL CLUB / GEORGE PANTERMAKIS LICENSE #: ACCOUNT #:
ADDRESS: 800 SUN RUNNER PL CITY: Wilmington ST: N ZIP: 28405
EMAIL ADDRESS: gpantermakis@yahoo.com PHONE #: 910 622 9313
PROJECT CONTACT PERSON: George Pantermakis PHONE #:

(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: JOB SITE TRAILER

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:

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: George Pantermakis SIGNATURE: [Signature]

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

TOTAL PROJECT COST: 19,500.00 BUILDING HEIGHT: # OF UNITS: 1
TOTAL AREA SQ FT: 470 SQ FT PER FLR: # OF STORIES: 1
TOTAL SQ FT UNDER ROOF: 470 # OF STRUCTURES: # OF FLOORS: 1

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

PROPERTY USE: OFFICE RESTAURANT MERCANTILE EDUC APT CONDO OTHER:

WATER: CFPWA COMMUNITY SYSTEM WELL ZONING USE CLASSIFICATION:
SEWER: CFPWA CENTRAL SEPTIC PRIVATE SEPTIC COMMUNITY SYSTEM

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

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

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

PEZ 17-940

2017-2991



# 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: Landfall Club DATE: 3-22-17  
 DEVELOPER: 21750 Drysdale Dr. PHONE #: \_\_\_\_\_  
 PROJECT ADDRESS: 2011 Pembroke Jones Dr CITY: Wilmington NC ZIP: 28405  
 OCCUPANT/BUSINESS NAME: \_\_\_\_\_  
 PROPERTY OWNER'S NAME: LANDFALL CLUB PHONE #: \_\_\_\_\_  
 OWNER'S ADDRESS: 800 SUN RUNNER PL CITY: Wilmington ST: NC ZIP: 28405  
 CONTRACTOR: LANDFALL CLUB / GEORGE PANTERMAKIS LICENSE #: \_\_\_\_\_ ACCOUNT #: \_\_\_\_\_  
 ADDRESS: 800 SUN RUNNER PL CITY: Wilmington ST: N ZIP: 28405  
 EMAIL ADDRESS: gpantermakis@yahoo.com PHONE #: 910 622 9313  
 PROJECT CONTACT PERSON: George Pantermakis PHONE #: \_\_\_\_\_

(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: JOB SITE TRAILER

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: \_\_\_\_\_

Is food or beverages prepared or served in this structure?  Yes  No Is The Property Located In The Floodplain?  Yes  No

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OWNER/CONTRACTOR: George Pantermakis 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: \$19,500.00 BUILDING HEIGHT: \_\_\_\_\_ # OF UNITS: 1  
 TOTAL AREA SQ FT: 470 SQ FT PER FLR: \_\_\_\_\_ # OF STORIES: 1  
 TOTAL SQ FT UNDER ROOF: 470 # OF STRUCTURES: \_\_\_\_\_ # OF FLOORS: 1

ACRES DISTURBED: NA EXST LAND DISTURBING PERMIT?  YES  NO  
 NEW IMPERVIOUS AREA: NA SQ FT EXISTING IMPERVIOUS AREA: NA 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)  BILL ACCOUNT  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= 200  
 Comment: \_\_\_\_\_ PERMIT FEE: \$ \_\_\_\_\_

PEZ 17-930

2017-2992



# 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: NHC Sheriff's office DATE: 3/16/17  
 DEVELOPER: \_\_\_\_\_ PHONE #: 910-798-4349  
 PROJECT ADDRESS: 3950 Juvenile Center Rd CITY: Castle Hayne ZIP: 28429  
 OCCUPANT/BUSINESS NAME: NHC Sheriff's office  
 PROPERTY OWNER'S NAME: New Hanover County PHONE #: 910-798-4330  
 OWNER'S ADDRESS: 230 Government Center CITY: Wilmington ST: NC ZIP: 28403  
 CONTRACTOR: New Hanover County P.M. LICENSE #: \_\_\_\_\_ ACCOUNT #: \_\_\_\_\_  
 ADDRESS: 200 Division Dr. CITY: Wilmington ST: NC ZIP: 28415  
 EMAIL ADDRESS: CCLAYTON@NHC.GOV.COM PHONE #: 910 798 4349  
 PROJECT CONTACT PERSON: Chris Clayton PHONE #: 910 279-5412

(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: PRE BUILT STORAGE BUILDING  
 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: KEVIN L. NOLAN PH: \_\_\_\_\_ NC REG #: 040958  
 ENGR DESIGN PROFESSIONAL: \_\_\_\_\_ PH: \_\_\_\_\_ NC REG #: \_\_\_\_\_

DESCRIPTION OF WORK: PRE BUILT STORAGE BUILDING

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: Chris Clayton SIGNATURE: Chris Clayton  
 (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: \$8,600 BUILDING HEIGHT: \_\_\_\_\_ # OF UNITS: 1  
 TOTAL AREA SQ FT: 480 SQ FT PER FLR: 480 # OF STORIES: \_\_\_\_\_  
 TOTAL SQ FT UNDER ROOF: \_\_\_\_\_ # OF STRUCTURES: \_\_\_\_\_ # OF FLOORS: \_\_\_\_\_

ACRES DISTURBED: 480 sqft. 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)  BILL ACCOUNT  MC/MISA  DISCOVER

(FOR OFFICE USE ONLY)

REVISED DATE 4/11/12

ZONE: \_\_\_\_\_ OFFICER: \_\_\_\_\_ SETBACKS: F: \_\_\_\_\_ LH: \_\_\_\_\_ RH: \_\_\_\_\_ B: \_\_\_\_\_  
 Approval: \_\_\_\_\_ City: \_\_\_\_\_ DATE: \_\_\_\_\_ FLOOD: \_\_\_\_\_ BFE+2ft= \_\_\_\_\_  
 A V N

Comment: \_\_\_\_\_ PERMIT FEE: \$ \_\_\_\_\_



# NEW HANOVER COUNTY BUILDING PERMIT

APPLICATION TYPE: RESIDENTIAL

PLEASE ANSWER ALL QUESTIONS APPLICABLE TO YOUR PROJECT

## "Project Responsibility"

2017-2996  
17-996

APPLICATION  
Number  
(Office Use)

APPLICANT'S NAME: O-Ment INC DATE: 3-27-2017  
 DEVELOPER: 90 Jeff Williams PHONE #:  
 PROJECT ADDRESS: 2114 Klein CITY: Wilmington ZIP: 28403  
 SUBDIVISION: \_\_\_\_\_ BLOCK #: \_\_\_\_\_ LOT #: \_\_\_\_\_  
 PROPERTY OWNER'S NAME: Cape Country, LLC PHONE #:  
 OWNER'S ADDRESS: 1508 Military Cutoff Rd CITY: Wilmington ST: W ZIP: 28403  
 CONTRACTOR: O-Ment INC, Suite 306 LICENSE #: 39491 ACCOUNT #:  
 ADDRESS: P.O. Box 364 CITY: Bolivia ST: N ZIP: 28402  
 EMAIL ADDRESS: Charlesb154@gmail.com PHONE #: 910-616-8691  
 PROJECT CONTACT PERSON: Mike Bryant PHONE #: 910-616-8691

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 102 SF  
 SUNROOM \_\_\_\_\_ SF  POOL \_\_\_\_\_ SF  STORAGE SHED \_\_\_\_\_ SF  
 GREENHOUSE \_\_\_\_\_ SF  DECK \_\_\_\_\_ SF OTHER: \_\_\_\_\_ SF

TOTAL HEATED SQ FT: 1098 TOTAL SQ FT UNDER ROOF: 1200 TOTAL AREA SQ FT: 1200

TOTAL PROJECT COST (Less Lot): \$19,000.00 # 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: Remove old chimney Remove some wall add another Bathroom Bath Being add in Existing space Will have Engineer's Engineer steps

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OWNER/CONTRACTOR: O-Ment INC SIGNATURE: Chal Bryant  
(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-10 OFFICER: DTG SETBACKS: F: N/A LH: N/A RH: N/A B: N/A (FOR OFFICE USE ONLY) REVISED DATE 04/11/12

Approval: OK City: WILM DATE: 3/24/17 FLOOD: \_\_\_\_\_ BFE+2ft= \_\_\_\_\_

Comment: No expansion to existing footprint PERMIT FEE: \$ 410

OK any Framing Inside  
Engineered Plans on site



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

2017-3020  
~~2017~~ 1024

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

Application Number (office use)

APPLICANT'S NAME: Ingram Bros Inc Date: 3-27-17  
PROJECT ADDRESS: 1404 Spaniel Ct. CITY: Wilm ZIP: 28411  
SUBDIVISION: \_\_\_\_\_ LOT #: \_\_\_\_\_

PROPERTY OWNER'S NAME: Ricky + Sally Strickland PHONE #: 910 200-2133  
OWNER'S ADDRESS: same CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

CONTRACTOR: Ingram Bros Inc BLDG LICENSE #: Q6480  
ADDRESS: 1706 Castle St CITY: Wilm ST: NC ZIP: 28403  
EMAIL ADDRESS: projects@ingrambros.net PHONE: 910 762-9695

PROJECT CONTACT PERSON: Danny Whisenant PHONE: 910-599-3146

EXISTING CONSTRUCTION:  Alteration  Renovation  General Repairs 27 MAR 17 2:43 PM

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) 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) Heated: \_\_\_\_\_ Unheated: 224

TOTAL PROJECT COST (Less Lot): \$ 10,200

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

Property Use/ Occupancy:  Single Family  Duplex  Townhouse  
Description of Work: Building covered porch on existing slab/patio

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: Danny Whisenant Signature: \_\_\_\_\_  
"Licensed Qualifier" Print Name

Is the property located in a floodplain?  Yes  No  
Existing Impervious Area: \_\_\_\_\_ Sq Ft Total Acres Disturbed: \_\_\_\_\_  
New Impervious Area: \_\_\_\_\_ Sq Ft Existing Land Disturbing Permit:  Yes  No

WATER:  CFPWA  Community System  Private Well  Central Well  Aqua  
SEWER:  CFPWA  Community System  Private Septic  Central Septic  Aqua

Zone: \_\_\_\_\_ Officer: \_\_\_\_\_ Setbacks (F) \_\_\_\_\_ (LH) \_\_\_\_\_ (RH) \_\_\_\_\_ (B) \_\_\_\_\_  
Approval: \_\_\_\_\_ City: \_\_\_\_\_ Date: \_\_\_\_\_ Flood: (A) \_\_\_\_\_ (V) \_\_\_\_\_ (N) \_\_\_\_\_ BFE+2ft= \_\_\_\_\_  
Comment: \_\_\_\_\_ Permit Fee: \$ \_\_\_\_\_



# NEW HANOVER COUNTY BUILDING PERMIT

## APPLICATION TYPE: RESIDENTIAL

PLEASE ANSWER ALL QUESTIONS APPLICABLE TO YOUR PROJECT

"Project Responsibility"

2017-3024  
171008

Application Number (office use)

APPLICANT'S NAME: American Homesmith LLC Date: \_\_\_\_\_  
 PROJECT ADDRESS: 3749 Stormy Gale CITY: Wilmington ZIP: 28405  
 SUBDIVISION: Cape Landing LOT #: 39  
 PROPERTY OWNER'S NAME: American Homesmith PHONE #: 919-676-8100  
 OWNER'S ADDRESS: 12917 Durant Rd CITY: Raleigh ZIP: 27614  
 CONTRACTOR: John Rock - AMERICAN HOMESMITH BLDG LICENSE #: 68116  
 ADDRESS: 12917 Durant CITY: Raleigh ST: NC ZIP: 27614  
 EMAIL ADDRESS: JRock@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\*\*\*

Att Garage (SF) 466  Det Garage (SF) \_\_\_\_\_  Porch (SF) 259  
 Sunroom (SF) \_\_\_\_\_  Pool (SF) \_\_\_\_\_  Storage Shed (SF) \_\_\_\_\_  
 Greenhouse (SF) \_\_\_\_\_  Deck (SF) \_\_\_\_\_  Other (SF) \_\_\_\_\_

Is the proposed work changing the existing footprint?  Yes  No

TOTAL SQ FT UNDER ROOF (for proposed work) Heated: 2150 Unheated: 725

TOTAL PROJECT COST (Less Lot): \$ 129,000

Is the proposed work changing the number of bedrooms?  Yes  No

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

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

Is there Electrical Power on this Building?  Yes  No

Property Use/ Occupancy:  Single Family  Duplex  Townhouse

Description of Work: 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: \_\_\_\_\_ Signature: Mylene Vandenberg  
"Licensed Qualifier" Print Name

Is the property located in a floodplain?  Yes  No

Existing Impervious Area: \_\_\_\_\_ Sq Ft Total Acres Disturbed: \_\_\_\_\_

New Impervious Area: \_\_\_\_\_ Sq Ft Existing Land Disturbing Permit:  Yes  No

WATER:  CFPWA  Community System  Private Well  Central Well  Aqua

SEWER:  CFPWA  Community System  Private Septic  Central Septic  Aqua

Zone: \_\_\_\_\_ Officer: \_\_\_\_\_ Setbacks (F) \_\_\_\_\_ (LH) \_\_\_\_\_ (RH) \_\_\_\_\_ (B) \_\_\_\_\_

Approval: \_\_\_\_\_ City: \_\_\_\_\_ Date: \_\_\_\_\_ Flood: (A) \_\_\_\_\_ (V) \_\_\_\_\_ (N) \_\_\_\_\_ BFE+2ft= \_\_\_\_\_

Comment: \_\_\_\_\_ Permit Fee: \$ 1279-

\*I need letter to auth





# NEW HANOVER COUNTY BUILDING PERMIT

## APPLICATION TYPE: RESIDENTIAL

PLEASE ANSWER ALL QUESTIONS APPLICABLE TO YOUR PROJECT

"Project Responsibility"

2017-3031  
17-1020  
Application Number (office use)

APPLICANT'S NAME: American Homesmith LLC Date: \_\_\_\_\_  
 PROJECT ADDRESS: 4216 Salt Works CITY: Wilmington ZIP: 28405  
 SUBDIVISION: Cape Landing LOT #: 46  
 PROPERTY OWNER'S NAME: American Homesmith LLC PHONE #: 919-676-8100  
 OWNER'S ADDRESS: 12917 Durant Rd. CITY: Raleigh ZIP: 27614  
 CONTRACTOR: John Rock BLDG LICENSE #: 68116  
 ADDRESS: 12917 Durant Rd CITY: Raleigh ST: NC ZIP: 27614  
 EMAIL ADDRESS: JRock@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\*\*\*

Att Garage (SF) 445  Det Garage (SF) \_\_\_\_\_  Porch (SF) 285  
 Sunroom (SF) \_\_\_\_\_  Pool (SF) \_\_\_\_\_  Storage Shed (SF) \_\_\_\_\_  
 Greenhouse (SF) \_\_\_\_\_  Deck (SF) \_\_\_\_\_  Other (SF) \_\_\_\_\_

Is the proposed work changing the existing footprint?  Yes  No  
 TOTAL SQ FT UNDER ROOF (for proposed work) Heated: 1968 Unheated: 730

TOTAL PROJECT COST (Less Lot): \$119000

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

Property Use/ Occupancy:  Single Family  Duplex  Townhouse

Description of Work: 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: \_\_\_\_\_ Signature: Martene Vandenberg  
 "Licensed Qualifier" Print Name

Is the property located in a floodplain?  Yes  No  
 Existing Impervious Area: \_\_\_\_\_ Sq Ft Total Acres Disturbed: \_\_\_\_\_  
 New Impervious Area: \_\_\_\_\_ Sq Ft Existing Land Disturbing Permit:  Yes  No

WATER:  CFPWA  Community System  Private Well  Central Well  Aqua  
 SEWER:  CFPWA  Community System  Private Septic  Central Septic  Aqua

Zone: \_\_\_\_\_ Officer: \_\_\_\_\_ Setbacks (F) \_\_\_\_\_ (LH) \_\_\_\_\_ (RH) \_\_\_\_\_ (B) \_\_\_\_\_  
 Approval: \_\_\_\_\_ City: \_\_\_\_\_ Date: \_\_\_\_\_ Flood: (A) \_\_\_\_\_ (V) \_\_\_\_\_ (N) \_\_\_\_\_ BFE+2ft= \_\_\_\_\_

Comment: \_\_\_\_\_ Permit Fee: \$ \_\_\_\_\_

Need letter to Auth



NEW HANOVER COUNTY BUILDING PERMIT
APPLICATION TYPE: RESIDENTIAL

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

2017-3032
11-1023
Application Number (office use)

APPLICANT'S NAME: American Homesmith LLC
PROJECT ADDRESS: 4212 Salt Works CITY: Wilmington ZIP: 28405
SUBDIVISION: Cape Landing LOT #: 45
PROPERTY OWNER'S NAME: American Homesmith PHONE #: 919-676-8100
OWNER'S ADDRESS: 12917 Durant CITY: Raleigh ZIP: 27614
CONTRACTOR: John Rock BLDG LICENSE #: 68116
ADDRESS: 12917 Durant CITY: Raleigh ST: NC ZIP: 27614
EMAIL ADDRESS: JRock@americanhomesmith.com PHONE: 919-422-6990
PROJECT CONTACT PERSON: Bobby Edwards PHONE: 910-833-4198

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

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

[x] Att Garage (SF) 397 [ ] Det Garage (SF) [ ] Pool (SF) [x] Porch (SF) 307
[ ] 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: 1932 Unheated: 704

TOTAL PROJECT COST (Less Lot): \$ 114,000

Is the proposed work changing the number of bedrooms? [ ] Yes [x] No

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

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

Is there Electrical Power on this Building? [ ] Yes [ ] No

Property Use/ Occupancy: [x] 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: Marlene VanderBerg Signature: Marlene VanderBerg
"Licensed Qualifier" Print Name

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

Existing Impervious Area: Sq Ft Total Acres Disturbed:
New Impervious Area: Sq Ft Existing Land Disturbing Permit: [ ] Yes [x] No

WATER: [x] CFPUA [ ] Community System [ ] Private Well [ ] Central Well [ ] Aqua

SEWER: [x] CFPUA [ ] Community System [ ] Private Septic [ ] Central Septic [ ] Aqua

Zone: Officer: Setbacks (F) (LH) (RH) (B)

Approval: City: Date: Flood: (A) (V) (N) BFE+2ft=

Comment: Permit Fee: \$

Hand letter to Arch



# NEW HANOVER COUNTY BUILDING PERMIT

## APPLICATION TYPE: RESIDENTIAL

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

2017-3034

174025

Application Number (office use)

APPLICANT'S NAME: American Homesmith LLC Date: \_\_\_\_\_  
PROJECT ADDRESS: 4208 Salt Works CITY: Wilmington ZIP: 28405  
SUBDIVISION: Cape Landing LOT #: 44

PROPERTY OWNER'S NAME: American Homesmith PHONE #: 919-626-8100  
OWNER'S ADDRESS: 12917 Durant Rd. CITY: Raleigh ZIP: 27614

CONTRACTOR: John Rock BLDG LICENSE #: 68116  
ADDRESS: 12917 Durant Rd. CITY: Raleigh ST: NC ZIP: 27614  
EMAIL ADDRESS: JRock@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\*\*\*

Att Garage (SF) 466  Det Garage (SF) \_\_\_\_\_  Porch (SF) 259  
 Sunroom (SF) \_\_\_\_\_  Pool (SF) \_\_\_\_\_  Storage Shed (SF) \_\_\_\_\_  
 Greenhouse (SF) \_\_\_\_\_  Deck (SF) \_\_\_\_\_  Other (SF) \_\_\_\_\_

Is the proposed work changing the existing footprint?  Yes  No

TOTAL SQ FT UNDER ROOF (for proposed work) Heated: 2150 Unheated: 725

TOTAL PROJECT COST (Less Lot): \$ 129,000

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

Property Use/ Occupancy:  Single Family  Duplex  Townhouse  
Description of Work: 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: \_\_\_\_\_ Signature: Marlene Vandenberg  
"Licensed Qualifier" Print Name

Is the property located in a floodplain?  Yes  No

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

WATER:  CFPUA  Community System  Private Well  Central Well  Aqua

SEWER:  CFPUA  Community System  Private Septic  Central Septic  Aqua

Zone: \_\_\_\_\_ Officer: \_\_\_\_\_ Setbacks (F) \_\_\_\_\_ (LH) \_\_\_\_\_ (RH) \_\_\_\_\_ (B) \_\_\_\_\_  
Approval: \_\_\_\_\_ City: \_\_\_\_\_ Date: \_\_\_\_\_ Flood: (A) \_\_\_\_\_ (V) \_\_\_\_\_ (N) \_\_\_\_\_ BFE+2ft= \_\_\_\_\_

Comment: \_\_\_\_\_ Permit Fee: \$ \_\_\_\_\_

Approved for the City of Wilmington



NEW HANOVER COUNTY BUILDING PERMIT

APPLICATION TYPE: RESIDENTIAL

PLEASE ANSWER ALL QUESTIONS APPLICABLE TO YOUR PROJECT

"Project Responsibility"

2017-3035  
17-1027  
Application Number (office use)

APPLICANT'S NAME: American Homesmith LLC Date: \_\_\_\_\_  
PROJECT ADDRESS: 420 1/2 Salt Works CITY: Wilmington ZIP: 28405  
SUBDIVISION: Cape Landing LOT #: 43  
PROPERTY OWNER'S NAME: American Homesmith LLC PHONE #: 919-676-8100  
OWNER'S ADDRESS: 12917 Durant CITY: Raleigh ZIP: 27614  
CONTRACTOR: John Rock BLDG LICENSE #: 68116  
ADDRESS: 12917 Durant CITY: Raleigh ST: NC ZIP: 27614  
EMAIL ADDRESS: jrock@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\*\*\*

- Att Garage (SF) 402  Det Garage (SF) \_\_\_\_\_  Porch (SF) 306
- Sunroom (SF) \_\_\_\_\_  Pool (SF) \_\_\_\_\_  Storage Shed (SF) \_\_\_\_\_
- Greenhouse (SF) \_\_\_\_\_  Deck (SF) \_\_\_\_\_  Other (SF) 547 attic

Is the proposed work changing the existing footprint?  Yes  No

TOTAL SQ FT UNDER ROOF (for proposed work) Heated: 2311 Unheated: 1255

TOTAL PROJECT COST (Less Lot): \$ 140,000

Is the proposed work changing the number of bedrooms?  Yes  No

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

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

Is there Electrical Power on this Building?  Yes  No

Property Use/ Occupancy:  Single Family  Duplex  Townhouse

Description of Work: 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: \_\_\_\_\_ Signature: Marlene VanderBerg  
"Licensed Qualifier" Print Name

Is the property located in a floodplain?  Yes  No

Existing Impervious Area: \_\_\_\_\_ Sq Ft Total Acres Disturbed: \_\_\_\_\_

New Impervious Area: \_\_\_\_\_ Sq Ft Existing Land Disturbing Permit:  Yes  No

WATER:  CFPWA  Community System  Private Well  Central Well  Aqua

SEWER:  CFPWA  Community System  Private Septic  Central Septic  Aqua

Zone: \_\_\_\_\_ Officer: \_\_\_\_\_ Setbacks (F) \_\_\_\_\_ (LH) \_\_\_\_\_ (RH) \_\_\_\_\_ (B) \_\_\_\_\_

Approval: \_\_\_\_\_ City: \_\_\_\_\_ Date: \_\_\_\_\_ Flood: (A) \_\_\_\_\_ (V) \_\_\_\_\_ (N) \_\_\_\_\_ BFE+2ft= \_\_\_\_\_

Comment: \_\_\_\_\_ Permit Fee: \$ \_\_\_\_\_

\* Need letter to Aest



NEW HANOVER COUNTY BUILDING PERMIT

APPLICATION TYPE: RESIDENTIAL

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

2017-3037

17-1028

Application Number (office use)

APPLICANT'S NAME: American Homesmith LLC Date:
PROJECT ADDRESS: 3753 Stormy Gale CITY: Wilmington ZIP: 28405
SUBDIVISION: Cape Landing LOT #: 40

PROPERTY OWNER'S NAME: American Homesmith PHONE #: 919-676-8100
OWNER'S ADDRESS: 12917 Durant CITY: Raleigh ZIP: 27614

CONTRACTOR: John Rock BLDG LICENSE #: 68116
ADDRESS: 12917 Durant CITY: Raleigh ST: NC ZIP: 27614
EMAIL ADDRESS: JRock@AmericanHomesmith.com PHONE: 919-422-6990

PROJECT CONTACT PERSON: Bobby Edwards PHONE: 910-833-4198

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

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

[x] Att Garage (SF) 445 [ ] Det Garage (SF) [ ] Porch (SF) 285
[ ] Sunroom (SF) [ ] Pool (SF) [ ] Storage Shed (SF)
[ ] Greenhouse (SF) [ ] Deck (SF) [ ] Other (SF)

Is the proposed work changing the existing footprint? [ ] Yes [ ] No
TOTAL SQ FT UNDER ROOF (for proposed work) Heated: 1968 Unheated: 730
TOTAL PROJECT COST (Less Lot): \$ 119000

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

Property Use/ Occupancy: [x] 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: [Signature] Signature: Marlene Vandenberg
Print Name

Is the property located in a floodplain? [ ] Yes [x] No
Existing Impervious Area: Sq Ft Total Acres Disturbed:
New Impervious Area: Sq Ft Existing Land Disturbing Permit: [ ] Yes [x] No

WATER: [x] CFPWA [ ] Community System [ ] Private Well [ ] Central Well [ ] Aqua
SEWER: [x] CFPWA [ ] Community System [ ] Private Septic [ ] Central Septic [ ] Aqua

Zone: Officer: Setbacks (F) (LH) (RH) (B)
Approval: City: Date: Flood: (A) (V) (N) BFE+2ft=
Comment: Permit Fee: \$



NHC

2017-2618

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

17-782
Application Number (office use)

APPLICANT'S NAME: Ocean Blue Pools & Spas of NC
PROJECT ADDRESS: 1404 Spaniel Court CITY: Wilmington ZIP: 28411
SUBDIVISION: Quailwood LOT #:

PROPERTY OWNER'S NAME: Ricky Strickland PHONE #: 910-200-2133
OWNER'S ADDRESS: 1404 Spaniel Ct. CITY: Wilmington ZIP: 28411

CONTRACTOR: Ocean Blue Pools & Spas of NC BLDG LICENSE #: 73760
ADDRESS: 30 Covil Ave CITY: Wilmington ST: NC ZIP: 28403
EMAIL ADDRESS: csoceanblue@gmail.com PHONE: 910-799-3022

PROJECT CONTACT PERSON: Merry Corcoran PHONE: 910-799-3022

EXISTING CONSTRUCTION: [X] 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) [X] Pool (SF) 554.5 [ ] Storage Shed (SF)
[ ] Greenhouse (SF) [X] Deck (SF) 741.5 [ ] Other (SF)

Is the proposed work changing the existing footprint? [ ] Yes [ ] No
TOTAL SQ FT UNDER ROOF (for proposed work) Heated: Unheated:
TOTAL PROJECT COST (Less Lot): \$ 26,300

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: [X] Single Family [ ] Duplex [ ] Townhouse
Description of Work: Install inground fiberglass pool. 26 x 13

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: Pauline Dunne Signature: Pauline Dunne
"Licensed Qualifier" Print Name

Is the property located in a floodplain? [ ] Yes [ ] No
Existing Impervious Area: 1770 Sq Ft Total Acres Disturbed:
New Impervious Area: 2511.5 Sq Ft Existing Land Disturbing Permit: [ ] Yes [ ] No

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

\* Need letter to Aeth



NHC

2017-2619

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

17-780
Application Number (office use)

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

PROPERTY OWNER'S NAME: BJ Richardson PHONE #: 910-620-9166
OWNER'S ADDRESS: 1402 Spaniel Ct CITY: Wilmington ZIP: 28411

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 PERSON: Kathleen Lynch 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) [ ] Pool (SF) 554.5 [ ] Storage Shed (SF)
[ ] Greenhouse (SF) [ ] Deck (SF) 741.5 [ ] Other (SF)

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

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

TOTAL PROJECT COST (Less Lot): \$26,300.00

Is the proposed work changing the number of bedrooms? [ ] Yes [X] No

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

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

Is there Electrical Power on this Building? [X] Yes [ ] No

Property Use/ Occupancy: [X] Single Family [ ] Duplex [ ] Townhouse

Description of Work: 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 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: Pauline Dunne Signature: [Signature]
"Licensed Qualifier" Print Name

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

Existing Impervious Area: 1626.0 Sq Ft

Total Acres Disturbed:

New Impervious Area: 2367.5 Sq Ft

Existing Land Disturbing Permit: [ ] Yes [ ] No

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

SEWER: [X] CFPWA [ ] Community System [ ] Private Septic [ ] Central Septic [ ] Aqua

Zone: Officer: Setbacks (F) (LH) (RH) (B)

Approval: City: Date: Flood: (A) (V) (N) BFE+2ft=

Comment: Permit Fee: \$

Need letter to audit

2017-2989



# NEW HANOVER COUNTY BUILDING PERMIT

~~17-984~~

APPLICATION TYPE: RESIDENTIAL

PLEASE ANSWER ALL QUESTIONS APPLICABLE TO YOUR PROJECT

## "Project Responsibility"

APPLICATION  
Number  
(Office Use)

APPLICANT'S NAME: North State Partners Construction, LLC DATE: 3/21/2017  
 DEVELOPER: \_\_\_\_\_ PHONE #: \_\_\_\_\_  
 PROJECT ADDRESS: 1525 Salty Bay Landing CITY: Wilmington ZIP: 28409  
 SUBDIVISION: \_\_\_\_\_ BLOCK #: \_\_\_\_\_ LOT #: \_\_\_\_\_  
 PROPERTY OWNER'S NAME: Peter and Lily Donat PHONE #: \_\_\_\_\_  
 OWNER'S ADDRESS: 1525 Salty Bay Landing CITY: Wilmington ST: NC ZIP: 28409  
 CONTRACTOR: North State Partners Construction, LLC LICENSE #: 70046  
 ADDRESS: P.O. Box 359 CITY: Wrightsville Beach ST: NC ZIP: 28480  
 EMAIL ADDRESS: office@northstatecustombuilders.com PHONE #: 910-200-9174  
 PROJECT CONTACT PERSON: Jim Wiseman PHONE #: 910-442-7574

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 684 SF  DET GARAGE \_\_\_\_\_ SF  PORCH 470 SF  
 SUNROOM \_\_\_\_\_ SF  POOL \_\_\_\_\_ SF  STORAGE SHED \_\_\_\_\_ SF  
 GREENHOUSE \_\_\_\_\_ SF  DECK \_\_\_\_\_ SF OTHER: \_\_\_\_\_ SF

TOTAL HEATED SQ FT: 3971 TOTAL SQ FT UNDER ROOF: 5253 TOTAL AREA SQ FT: 5253

TOTAL PROJECT COST (Less Lot) : \$ 725,000 # 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 Single Family 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: Jim Wiseman SIGNATURE: \_\_\_\_\_  
(Print Name)

IS THE PROPERTY LOCATED IN A FLOODPLAIN?  YES  NO

EXISTING IMPERVIOUS AREA: 0 SQ FT TOTAL ACRES DISTURBED: >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:  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: \$ 2,328





C Fire, CE, CFPWA,

2017-2993

# NEW HANOVER COUNTY BUILDING PERMIT

~~17-716~~

APPLICATION TYPE: COMMERCIAL

PLEASE ANSWER ALL QUESTIONS APPLICABLE TO YOUR PROJECT

## "Project Responsibility"

APPLICATION Number (Office Use)

APPLICANT'S NAME: MASONBORO INVESTMENT SERVICES, LLC DATE: 01/25/17

DEVELOPER: MASONBORO CONSTRUCTION PHONE #: 910-443-3282

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 #: 910

OWNER'S ADDRESS: PO BOX 16150 CITY: WILMINGTON ST: NC ZIP: 28408

CONTRACTOR: Masonboro Development Company, LLC LICENSE #: 76463

ADDRESS: PO BOX 16150 CITY: WILMINGTON ST: NC ZIP: 28408

EMAIL ADDRESS: SDSAIEED@MASONBOROCONSTRUCTION.COM PHONE #: 910-443-3282

PROJECT CONTACT PERSON: STEVE SAIED PHONE #: 910-443-3282

(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 #: N/A 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? NONE What is the New Occupancy Type? M/A-2 SPEC

ARCH DESIGN PROFESSIONAL: JOHN REES PH: 9104095304 NC REG #: 10541

ENGR DESIGN PROFESSIONAL: DOUG JONES PH: 9105235381 NC REG #: 025852

DESCRIPTION OF WORK: NEW 5000 S.F. BUILDING APPROVED BY TRC

Is food or beverages prepared or served in this structure?  Yes  No *UNDER UPFIT PERMIT* Is The Property Located in The Floodplain?  Yes  No *NOT THIS PERMIT*

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: STEVE SAIED SIGNATURE: *[Signature]*

Note: Demolition notifications & asbestos removal permit applications are to be submitted using the application form (DHHS-3788) whether the facility or building was found to contain Asbestos or not. You are required to call the National Emission Standards for Hazardous Air Pollutants (NESHAP) at (919)707-5950 at least 10 days prior to the demolition of any facility or building. See Asbestos Web Site: <http://www.epi.state.nc.us/epi/esbestos/ahmp.html>

TOTAL PROJECT COST: 628,900 BUILDING HEIGHT: 25' # OF UNITS: 3

TOTAL AREA SQ FT: 5000 SQ FT PER FLR: 5000 # OF STORIES: 1

TOTAL SQ FT UNDER ROOF: 5000 # OF STRUCTURES: 1 # OF FLOORS: 1

ACRES DISTURBED: 1.5 ACRES EXST LAND DISTURBING PERMIT?  YES  NO

NEW IMPERVIOUS AREA: 28,885 SQ FT EXISTING IMPERVIOUS AREA: 29,285 SQ FT

PROPERTY USE:  OFFICE  RESTAURANT  MERCANTILE  EDUC  APT  CONDO OTHER: \_\_\_\_\_

WATER:  CFPWA  COMMUNITY SYSTEM  WELL  ZONING USE CLASSIFICATION: \_\_\_\_\_

SEWER:  CFPWA  CENTRAL SEPTIC  PRIVATE SEPTIC  COMMUNITY SYSTEM

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

PAYMENT METHOD:  CASH  CHECK (PAYABLE TO NHC)  AMERICAN EXPRESS  MCMISA  DISCOVER

(FOR OFFICE USE ONLY)

REVISED DATE 4/11/12

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

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

Comment: \_\_\_\_\_ PERMIT FEE: \$ 1,928



# NEW HANOVER COUNTY BUILDING PERMIT

APPLICATION TYPE: COMMERCIAL

2017 2997  
~~17-960~~

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

APPLICATION Number (Office Use)

APPLICANT'S NAME: Sunny Flores on behalf of AT&T Wireless AT&T Site Name: GE Plant #478-069 DATE: 3/21/17

DEVELOPER: \_\_\_\_\_ PHONE #: \_\_\_\_\_

PROJECT ADDRESS: 3901 Castle Hayne Rd CITY: Wilmington ZIP: 28401

OCCUPANT/BUSINESS NAME: AT&T Wireless

PROPERTY OWNER'S NAME: Crown Castle PHONE #: 800-788-7011

OWNER'S ADDRESS: 2000 Corporate Drive CITY: Canonsburg ST: PA ZIP: 15317

CONTRACTOR: MasTec Network Solutions LICENSE #: 70087

ADDRESS: 1000 Centre Green Way, Ste 300 CITY: Cary ST: NC ZIP: 27513

EMAIL ADDRESS: Bradley.Conn@mastec.com PHONE #: 919-674-5901

PROJECT CONTACT PERSON: Bradley Conn PHONE #: (678)-995-6314

(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: SMW Engineering PH: 205-482-2633 NC REG #: 16-2975

DESCRIPTION OF WORK: DUL to DUS Swap; Add XMU and SFPs; Harvest Nokia & Add ODN in Place w/ ODN Sub-Panel; Proposed Cable Chase; Move Flex as needed; Replace (3) Antennas; Add (3) RRU's

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: Bradley Conn SIGNATURE: *Bradley Conn*

(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: \$25,000 BUILDING HEIGHT: 139.03 RAD Center # OF UNITS: \_\_\_\_\_

TOTAL AREA SQ FT : 225sf 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: WT Cell Tower

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 V N

Comment: \_\_\_\_\_ PERMIT FEE: \$ 100

CZ Xfree-NHRMC

2017-3017



# NEW HANOVER COUNTY BUILDING PERMIT

APPLICATION TYPE: COMMERCIAL

PLEASE ANSWER ALL QUESTIONS APPLICABLE TO YOUR PROJECT

"Project Responsibility"

17-952  
APPLICATION Number  
(Office Use)

APPLICANT'S NAME: Revels Contracting Services, INC DATE: 3-22-17

DEVELOPER: \_\_\_\_\_ PHONE #: \_\_\_\_\_  
PROJECT ADDRESS: 2131 S. 17th St. CITY: Wilmington NC ZIP: 28401

OCCUPANT/BUSINESS NAME: NEW HANOVER RMC

PROPERTY OWNER'S NAME: Ken Williamson PHONE #: 910-342-3066  
OWNER'S ADDRESS: 2131 S. 17th St. CITY: Wilmington ST: NC ZIP: 28401

CONTRACTOR: Revels Contracting LICENSE #: 3322.3 ACCOUNT #: \_\_\_\_\_  
ADDRESS: 5620 Gallagher Dr. CITY: Gastonia ST: NC ZIP: 28052

EMAIL ADDRESS: buddy-mcconnell@revelscontracting.com PHONE #: 704-917-0444  
PROJECT CONTACT PERSON: Buddy McConnell PHONE #: 704-616-3149

(Check All That Apply)

EXIST CONSTRUCTION:  ALTERATION  RENOVATION  GENERAL REPAIRS  RELOCATION  
If Relocation, is there a Natural Gas Line on the Current Site?  Yes  No IS BLDG SPRINKLERED?  Yes  No

NEW CONSTRUCTION:  ERECT NEW STRUCTURE  FAST TRACK  SHELL  UPFIT  ADD TO EXIST STRUCTURE  
ACCESSORY STRUCTURE: \_\_\_\_\_

If UPFIT - The Shell Permit #: \_\_\_\_\_ Is Elect Power on this Building  Yes  NO

\*\*\*\*\* IS THIS A CHANGE OF OCCUPANCY USE?  YES  NO \*\*\*\*\*

IF Yes, what was the Previous Occupancy Type? \_\_\_\_\_ What is the New Occupancy Type? \_\_\_\_\_

ARCH DESIGN PROFESSIONAL: ECA Architects PH: 704-849-6748 NC REG #: 7877  
ENGR DESIGN PROFESSIONAL: Charlotte Engineers PH: 704-531-3000 NC REG #: 042167

DESCRIPTION OF WORK: Interior renovation for new X-RAY equipment. Electrical: Finishes

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. McConnell, Jr. SIGNATURE: [Signature]

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

TOTAL PROJECT COST: 187460.00 BUILDING HEIGHT: EXISTING # 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: Distribution

WATER:  CFPWA  COMMUNITY SYSTEM  WELL  ZONING USE CLASSIFICATION: \_\_\_\_\_  
SEWER:  CFPWA  CENTRAL SEPTIC  PRIVATE SEPTIC  COMMUNITY SYSTEM

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

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

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

Comment: \_\_\_\_\_ PERMIT FEE: \$ FREE

REVISED DATE 4/11/12



# NEW HANOVER COUNTY BUILDING PERMIT

## APPLICATION TYPE: RESIDENTIAL

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

2017. 3040  
~~47914~~

Application  
Number  
(office use)

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 Revocable Trust PHONE #: (910) 262-2955  
OWNER'S ADDRESS: 7429 Masonboro Sound RD CITY: Wilmington ZIP: 28409

CONTRACTOR: The Farlow Group, Inc. BLDG LICENSE #: 46889  
ADDRESS: PO Box 517 CITY: Wrightsville Beach ST: NC ZIP: 28480  
EMAIL ADDRESS: jim@farlowgroup.com PHONE: (910) 509-1900

PROJECT CONTACT PERSON: Jim Farlow PHONE: (910) 471-4733 CELL

EXISTING CONSTRUCTION:  Alteration  Renovation  General Repairs

NEW CONSTRUCTION:  Erect New Residence  Addition to Existing Residence  Relocation DETACHED

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

- Att Garage (SF) \_\_\_\_\_
- Det Garage (SF) 356
- Porch (SF) \_\_\_\_\_
- Sunroom (SF) \_\_\_\_\_
- Pool (SF) \_\_\_\_\_
- Storage Shed (SF) \_\_\_\_\_
- Greenhouse (SF) \_\_\_\_\_
- Deck (SF) 164
- Other (SF) 622 Studio

Is the proposed work changing the existing footprint?  Yes  No

TOTAL SQ FT UNDER ROOF (for proposed work) Heated: 622 Unheated: 356

TOTAL PROJECT COST (Less Lot): \$ 168,000 -

Is the proposed work changing the number of bedrooms?  Yes  No

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

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

Is there Electrical Power on this Building?  Yes  No

Property Use/ Occupancy:  Single Family  Duplex  Townhouse

Description of Work: ERECT A STUDIO AND GARAGE.

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: JAMES H. FARLOW Signature: [Signature]  
"Licensed Qualifier" Print Name

Is the property located in a floodplain?  Yes  No

Existing Impervious Area: \_\_\_\_\_ Sq Ft Total Acres Disturbed: \_\_\_\_\_

New Impervious Area: \_\_\_\_\_ Sq Ft Existing Land Disturbing Permit:  Yes  No

WATER:  CFPUA  Community System  Private Well  Central Well  Aqua

SEWER:  CFPUA  Community System  Private Septic  Central Septic  Aqua

Zone: \_\_\_\_\_ Officer: \_\_\_\_\_ Setbacks (F) \_\_\_\_\_ (LH) \_\_\_\_\_ (RH) \_\_\_\_\_ (B) \_\_\_\_\_

Approval: \_\_\_\_\_ City: \_\_\_\_\_ Date: \_\_\_\_\_ Flood: (A) \_\_\_\_\_ (V) \_\_\_\_\_ (N) \_\_\_\_\_ BFE+2ft= \_\_\_\_\_

Comment: \_\_\_\_\_ Permit Fee: \$ 75



NEW HANOVER COUNTY BUILDING PERMIT

APPLICATION TYPE: RESIDENTIAL

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

2017-3041  
17-921

Application Number (office use)

APPLICANT'S NAME: Prestige Pools Date: 3-21-17  
PROJECT ADDRESS: 5211 Lone Eagle Ct CITY: Wilmington ZIP: \_\_\_\_\_  
SUBDIVISION: n/a LOT #: \_\_\_\_\_

PROPERTY OWNER'S NAME: James & Dawn Shepleer PHONE #: 910-470-4211  
OWNER'S ADDRESS: 5211 Lone Eagle Ct CITY: Wilmington ZIP: \_\_\_\_\_

CONTRACTOR: SHANE KOSNIK BLDG LICENSE #: 54579  
ADDRESS: 5307 S. College Rd CITY: Wilmington ST: NC ZIP: 28412  
EMAIL ADDRESS: prestige\_pools28412@gmail.com PHONE: 910-409-6247

PROJECT CONTACT PERSON: Jordan Whitaker PHONE: 910-409-6247

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

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

- Att Garage (SF) \_\_\_\_\_
- Sunroom (SF) \_\_\_\_\_
- Greenhouse (SF) \_\_\_\_\_
- Det Garage (SF) \_\_\_\_\_
- Pool (SF) 500
- Deck (SF) \_\_\_\_\_
- Porch (SF) \_\_\_\_\_
- Storage Shed (SF) \_\_\_\_\_
- Other (SF) \_\_\_\_\_

Is the proposed work changing the existing footprint?  Yes  No

TOTAL SQ FT UNDER ROOF (for proposed work) Heated: \_\_\_\_\_ Unheated: \_\_\_\_\_

TOTAL PROJECT COST (Less Lot): \$ 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  Duplex  Townhouse

Description of Work: Inground swimming pool

DISCLAIMER: I hereby certify that all the information in this application is correct and all work will comply with the State Building Code and all other applicable State and local laws and ordinances and regulations. The NHC Development Services Center will be notified of any changes in the approved plans and specifications or change in contractor information. \*\*\*NOTE: Any work performed without the appropriate permits will be in violation of the NC State Bldg Code and subject to fines up to \$500.00\*\*\*

Owner/Contractor: SHANE KOSNIK Signature: \_\_\_\_\_  
"Licensed Qualifier" Print Name

Is the property located in a floodplain?  Yes  No

Existing Impervious Area: \_\_\_\_\_ Sq Ft Total Acres Disturbed: \_\_\_\_\_

New Impervious Area: \_\_\_\_\_ Sq Ft Existing Land Disturbing Permit:  Yes  No

WATER:  CFPWA  Community System  Private Well  Central Well  Aqua

SEWER:  CFPWA  Community System  Private Septic  Central Septic  Aqua

Zone: \_\_\_\_\_ Officer: \_\_\_\_\_ Setbacks (F) \_\_\_\_\_ (LH) \_\_\_\_\_ (RH) \_\_\_\_\_ (B) \_\_\_\_\_

Approval: \_\_\_\_\_ City: \_\_\_\_\_ Date: \_\_\_\_\_ Flood: (A) \_\_\_\_\_ (V) \_\_\_\_\_ (N) \_\_\_\_\_ BFE+2ft= \_\_\_\_\_

Comment: \_\_\_\_\_ Permit Fee: \$ 75-



NEW HANOVER COUNTY BUILDING PERMIT
APPLICATION TYPE: RESIDENTIAL

2017-3044

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

Application Number (office use)

APPLICANT'S NAME: American Homesmith LLC
PROJECT ADDRESS: 3848 Smooth Water CITY: Wilmington ZIP: 28405
SUBDIVISION: Cape Landing LOT #: 15

PROPERTY OWNER'S NAME: American Homesmith LLC PHONE #: 919-676-8100
OWNER'S ADDRESS: 12917 Durant CITY: Raleigh ZIP: 27614

CONTRACTOR: John Rock BLDG LICENSE #: 68116
ADDRESS: 12917 Durant CITY: Raleigh ST: NC ZIP: 27614
EMAIL ADDRESS: JRock@Americanhomesmith.com PHONE: 919-422-6990

PROJECT CONTACT PERSON: Bobby Edwards PHONE: 910-833-4198

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

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

[x] Att Garage (SF) 484 [ ] Det Garage (SF) [x] Porch (SF) 226
[ ] Sunroom (SF) [ ] Pool (SF) [ ] Storage Shed (SF)
[ ] Greenhouse (SF) [ ] Deck (SF) [x] Other (SF) 670 attic

Is the proposed work changing the existing footprint? [ ] Yes [ ] No
TOTAL SQ FT UNDER ROOF (for proposed work) Heated: 2279 Unheated: 1380
TOTAL PROJECT COST (Less Lot): \$ 137000

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

Property Use/ Occupancy: [x] 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: [Signature] Signature: Marlene Vandenberg
"Licensed Qualifier" Print Name

Is the property located in a floodplain? [ ] Yes [x] No
Existing Impervious Area: \_\_\_\_\_ Sq Ft Total Acres Disturbed: \_\_\_\_\_
New Impervious Area: \_\_\_\_\_ Sq Ft Existing Land Disturbing Permit: [ ] Yes [x] No

WATER: [x] CFPWA [ ] Community System [ ] Private Well [ ] Central Well [ ] Aqua
SEWER: [x] CFPWA [ ] Community System [ ] Private Septic [ ] Central Septic [ ] Aqua
Zone: \_\_\_\_\_ Officer: \_\_\_\_\_ Setbacks (F) \_\_\_\_\_ (LH) \_\_\_\_\_ (RH) \_\_\_\_\_ (B) \_\_\_\_\_
Approval: \_\_\_\_\_ City: \_\_\_\_\_ Date: \_\_\_\_\_ Flood: (A) \_\_\_\_\_ (V) \_\_\_\_\_ (N) \_\_\_\_\_ BFE+2ft= \_\_\_\_\_

Comment: \_\_\_\_\_ Permit Fee: \$ 1,625

2017 3046



NEW HANOVER COUNTY BUILDING PERMIT PE7-17-939

APPLICATION TYPE: RESIDENTIAL

PLEASE ANSWER ALL QUESTIONS APPLICABLE TO YOUR PROJECT

"Project Responsibility"

APPLICATION Number (Office Use)

APPLICANT'S NAME: Caribbean Pools & Spas, Inc DATE: 3-21-17
DEVELOPER: PHONE #:
PROJECT ADDRESS: 6004 Wellesley Dr CITY: WILM NC ZIP: 28405
SUBDIVISION: BLOCK #: LOT #:
PROPERTY OWNER'S NAME: Tigie Brubaker PHONE #:
OWNER'S ADDRESS: 6004 Wellesley Dr CITY: WILM ST: NC ZIP: 28405
CONTRACTOR: Caribbean Pools & Spas, Inc LICENSE #: 41598 ACCOUNT #:
ADDRESS: 2005 Castle Hayne Road CITY: WILM ST: NC ZIP: 28410
EMAIL ADDRESS: caribbeanpools@earthlink.net PHONE #: 910-815-4192
PROJECT CONTACT PERSON: Phil Harris PHONE #: 910-619-4770

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 [x] POOL 800 SF [ ] STORAGE SHED SF
[ ] GREENHOUSE SF [ ] DECK SF OTHER: SF

22MAR 17 9:06AM

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

TOTAL PROJECT COST (Less Lot) : \$ 65,000 # OF STORIES:

Is Any ELECTRICAL, PLUMBING OR MECHANICAL WORK Being Done to the Accessory Structure? [x] Yes [ ] No

If the project is a Relocation, is there a Natural Gas Line on the Current Site? [ ] 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 Inground 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: Phil Harris SIGNATURE: Phil Harris

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

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

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

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

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

ZONE: R-15 OFFICER: (Signature) SETBACKS: F: N/A LH: 10' RH: 10' B: 10' REVISED DATE 04/11/12

Approval: City: DATE: 3-22-17 FLOOD: X BFE+2ft=

Comments: All portions of pool + permanent pool structure, including coping + mechanical, must meet minimum setbacks. PERMIT FEE: \$ 75

City Inspection Required, 910-254-0900



# NEW HANOVER COUNTY BUILDING PERMIT

## APPLICATION TYPE: RESIDENTIAL

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

2017-3048  
17-650

Application  
Number  
(office use)

APPLICANT'S NAME: J.A.C.K. Development LLC Date: 02/24/2017  
PROJECT ADDRESS: 1338 Tidal Walk Dr CITY: Wilmington ZIP: 28409  
SUBDIVISION: Tidal Walk LOT #: 424

PROPERTY OWNER'S NAME: J.A.C.K. Development PHONE #: 7045062404  
OWNER'S ADDRESS: 16230 Loch Raven Rd CITY: Huntersville ZIP: 28078

CONTRACTOR: J.A.C.K. Development LLC BLDG LICENSE #: 77443  
ADDRESS: 16230 Loch Raven Rd CITY: Huntersville ST: NC ZIP: 28078  
EMAIL ADDRESS: jason@16pointeproperties.com PHONE: 7045062404

PROJECT CONTACT PERSON: Jason Akins PHONE: 7045062404

EXISTING CONSTRUCTION:  Alteration  Renovation  General Repairs

NEW CONSTRUCTION:  Erect New Residence  Addition to Existing Residence  Relocation

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

- |   |  |   |
|---|--|---|
| <input checked="" type="checkbox"/> Att Garage (SF) <u>2100</u> | <input type="checkbox"/> Det Garage (SF) _____           | <input checked="" type="checkbox"/> Porch (SF) <u>516</u> |
| <input type="checkbox"/> Sunroom (SF) _____                     | <input type="checkbox"/> Pool (SF) _____                 | <input type="checkbox"/> Storage Shed (SF) _____          |
| <input type="checkbox"/> Greenhouse (SF) _____                  | <input checked="" type="checkbox"/> Deck (SF) <u>330</u> | <input type="checkbox"/> Other (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?  Yes  No

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

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

Is there Electrical Power on this Building?  Yes  No

Property Use/ Occupancy:  Single Family  Duplex  Townhouse

Description of Work: 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 Signature: [Signature]  
"Licensed Qualifier" Print Name

Is the property located in a floodplain?  Yes  No

Existing Impervious Area: 0 Sq Ft Total Acres Disturbed: .1

New Impervious Area: 3391 Sq Ft Existing Land Disturbing Permit:  Yes  No

WATER:  CFPJA  Community System  Private Well  Central Well  Aqua

SEWER:  CFPJA  Community System  Private Septic  Central Septic  Aqua

Zone: \_\_\_\_\_ Officer: \_\_\_\_\_ Setbacks (F) \_\_\_\_\_ (LH) \_\_\_\_\_ (RH) \_\_\_\_\_ (B) \_\_\_\_\_

Approval: \_\_\_\_\_ City: \_\_\_\_\_ Date: \_\_\_\_\_ Flood: (A) \_\_\_\_\_ (V) \_\_\_\_\_ (N) \_\_\_\_\_ BFE+2ft= \_\_\_\_\_

Comment: \_\_\_\_\_ Permit Fee: \$ \_\_\_\_\_

\$2,752-





# NEW HANOVER COUNTY BUILDING PERMIT

APPLICATION TYPE: RESIDENTIAL

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

17-318  
2017-3053  
Application Number (office use)

APPLICANT'S NAME: Jennifer L Kipar Date: 1.3.17  
PROJECT ADDRESS: 1242 Burnett Rd CITY: Wilmington ZIP: 28409  
SUBDIVISION: \_\_\_\_\_ LOT #: \_\_\_\_\_

PROPERTY OWNER'S NAME: Andrea & Jennifer Kipar PHONE #: 910-367-6202  
OWNER'S ADDRESS: 1242 Burnett Rd CITY: Wilmington ZIP: 28409

CONTRACTOR: Jennifer Kipar BLDG LICENSE #: \_\_\_\_\_  
ADDRESS: 1242 Burnett Rd CITY: Wilmington ST: NC ZIP: 28409  
EMAIL ADDRESS: jkipar@yahoo.com PHONE: 910 367 6203

PROJECT CONTACT PERSON: Jennifer Kipar PHONE: 910 367 6202  
Andrea

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) 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  
TOTAL SQ FT UNDER ROOF (for proposed work) Heated: \_\_\_\_\_ Unheated: 1440  
TOTAL PROJECT COST (Less Lot): \$ 15,000

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

Property Use/ Occupancy:  Single Family  Duplex  Townhouse

Description of Work: Place detached garage in back yard. 30'x48'

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: Jennifer Kipar Signature: \_\_\_\_\_  
"Licensed Qualifier" Print Name

Is the property located in a floodplain?  Yes  No  
Existing Impervious Area: \_\_\_\_\_ Sq Ft Total Acres Disturbed: \_\_\_\_\_  
New Impervious Area: \_\_\_\_\_ Sq Ft Existing Land Disturbing Permit:  Yes  No

WATER:  CFPWA  Community System  Private Well  Central Well  Aqua  
SEWER:  CFPWA  Community System  Private Septic  Central Septic  Aqua  
Zone: \_\_\_\_\_ Officer: \_\_\_\_\_ Setbacks (F) \_\_\_\_\_ (LH) \_\_\_\_\_ (RH) \_\_\_\_\_ (B) \_\_\_\_\_

Approval: \_\_\_\_\_ City: \_\_\_\_\_ Date: \_\_\_\_\_ Flood: (A) \_\_\_\_\_ (V) \_\_\_\_\_ (N) \_\_\_\_\_ BFE+2ft= \_\_\_\_\_  
Comment: \_\_\_\_\_ Permit Fee: \$ \_\_\_\_\_

NHC  
OK  
1/29/17

\*OTC OK per  
Drew Bankowski & Painter 2017 732  
Linda



### 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: Tommy Sneed DATE: \_\_\_\_\_  
 DEVELOPER: Thompson Restoration dba Servpro of New Hanover PHONE #: 910-762-8180  
 PROJECT ADDRESS: 4534 Noland Drive CITY: Wilmington ZIP: 28405  
 SUBDIVISION: \_\_\_\_\_ BLOCK #: \_\_\_\_\_ LOT #: \_\_\_\_\_  
 PROPERTY OWNER'S NAME: Charlie Ponton PHONE #: 910-520-3899  
 OWNER'S ADDRESS: 4534 Noland Drive CITY: Wilmington ST: NC ZIP: 28405  
 CONTRACTOR: Thompson Restoration dba Servpro of NH LICENSE #: 67933  
 ADDRESS: 6606 Windmill Way CITY: Wilmington ST: NC ZIP: 28405  
 EMAIL ADDRESS: cqower@servproofnewhanover.com PHONE #: 910-762-8180  
 PROJECT CONTACT PERSON: Tommy Sneed PHONE #: 910-367-0643

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: 1436 TOTAL SQ FT UNDER ROOF: \_\_\_\_\_ TOTAL AREA SQ FT: 1436

TOTAL PROJECT COST (Less Lot): \$ 80,000 # 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: Structural repairs to the interior of the home. Replacement of damaged electrical, plumbing, drywall, insulation, flooring and paint. There is no change to current footprint of house.

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: Christina Gower Tommy Sneed 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) ZONE: \_\_\_\_\_ OFFICER: \_\_\_\_\_ SETBACKS: F: \_\_\_\_\_ LH: \_\_\_\_\_ RH: \_\_\_\_\_ B: \_\_\_\_\_  
 APPROVAL: \_\_\_\_\_ DATE: \_\_\_\_\_ FLOOD: \_\_\_\_\_ BFE+2ft= \_\_\_\_\_  
 Comment: NO Z.F. PERMIT FEE: \$ 400

REVISED DATE 04/11/12