



NEW HANOVER COUNTY BUILDING PERMIT
APPLICATION TYPE: RESIDENTIAL

2018-2913

18-822

PLEASE ANSWER ALL QUESTIONS APPLICABLE TO YOUR PROJECT
Project Responsibility

Application Number (office use)

APPLICANT'S NAME: Pulte Homes Date: 3-13-18
PROJECT ADDRESS: 716 Broomsedge Terrace CITY: Wilmington ZIP: 28412
SUBDIVISION: Del Webb Riverlights LOT #: 02211

PROPERTY OWNER'S NAME: Pulte Homes PHONE #: 843-353-5119
OWNER'S ADDRESS: 3504 Faringdon Court CITY: Myrtle Beach ZIP: 29579

CONTRACTOR: Pulte Homes BLDG LICENSE #: 19311
ADDRESS: 3504 Faringdon Court CITY: Myrtle Beach ST: SC ZIP: 29579
EMAIL ADDRESS: Tiffany.Dunn@Pulte.com PHONE: 843-353-5119

PROJECT CONTACT PERSON: Tiffany Dunn PHONE: 843-353-5119

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) 439 Det Garage (SF) Porch (SF) 72
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: 1651 Unheated: 511

TOTAL PROJECT COST (Less Lot): \$ 105113

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: Steel Creek Elev LC1B with loft

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.

Owner/Contractor: Tiffany D Dunn Signature: Tiffany D Dunn
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: \$



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

2018-2913

Application Number (office use)

APPLICANT'S NAME: Pulte Homes Date: 3-13-18  
 PROJECT ADDRESS: 716 Broomsedge Terrace CITY: Wilmington ZIP: 28412  
 SUBDIVISION: Del Webb Riverlights LOT #: 02211

PROPERTY OWNER'S NAME: Pulte Homes PHONE #: 843-353-5119  
 OWNER'S ADDRESS: 3504 Faringdon Court CITY: Myrtle Beach ZIP: 29579

CONTRACTOR: Pulte Homes BLDG LICENSE #: 19311  
 ADDRESS: 3504 Faringdon Court CITY: Myrtle Beach ST: SC ZIP: 29579  
 EMAIL ADDRESS: Tiffany.Dunn@Pulte.com PHONE: 843-353-5119

PROJECT CONTACT PERSON: Tiffany Dunn PHONE: 843-353-5119

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) 439  Det Garage (SF) \_\_\_\_\_  Porch (SF) 72  
 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: 1651 Unheated: 511

TOTAL PROJECT COST (Less Lot): \$ 105113

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: Steel Creek Elev LC1B with loft

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: Tiffany D Dunn Signature: Tiffany D Dunn  
 "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: R-7(CD) Officer: DTG Setbacks (F) 10' (LH) 5' (RH) 5' (B) 5'  
 Approval: OK City: LHM Date: 3/14/18 Flood: (A) \_\_\_\_\_ (V) \_\_\_\_\_ (N) X BFE+2ft= \_\_\_\_\_  
 Comment: Must meet setback requirement of approved TRC + SDB site plan; minimum 10' btw structures Permit Fee: \$ \_\_\_\_\_

City Inspection Required, 910-254-0900  
 # 1024  
 9/6/18



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

**18-816**

Application  
Number  
(office use)

2018-2911

APPLICANT'S NAME: Seventy West Builders, Inc. Date: 2/2/18  
 PROJECT ADDRESS: 4571 Old Towne St CITY: Wilmington ZIP: 28412  
 SUBDIVISION: Riverlights LOT #: 95

PROPERTY OWNER'S NAME: Seventy West Builders PHONE #: 910-324-4447  
 OWNER'S ADDRESS: PO Box 1070 CITY: Hampstead ZIP: 28443

CONTRACTOR: Seventy West Builders, Inc. BLDG LICENSE #: 64926  
 ADDRESS: PO Box 1070 CITY: Hampstead ST: NC ZIP: 28443  
 EMAIL ADDRESS: mellissa@70westbuilders.com PHONE: (910) 324-4447

PROJECT CONTACT PERSON: Ryan Bailey PHONE: 910-547-9362

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) 516  Det Garage (SF) \_\_\_\_\_  Porch (SF) 232  
 Sunroom (SF) \_\_\_\_\_  Pool (SF) \_\_\_\_\_  Storage Shed (SF) \_\_\_\_\_  
 Greenhouse (SF) \_\_\_\_\_  Deck (SF) \_\_\_\_\_  Other (SF) 510

Is the proposed work changing the existing footprint?  Yes  No  
 TOTAL SQ FT UNDER ROOF (for proposed work) Heated: 2289 Unheated: 3547

TOTAL PROJECT COST (Less Lot): \$ 210,000

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: Dweyer - Right - Elevation A

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

Owner/Contractor: Craig Smith Signature: [Signature]  
 "Licensed Qualifier" Print Name

Is the property located in a floodplain?  Yes  No  
 Existing Impervious Area: 0 Sq Ft Total Acres Disturbed: 0.12  
 New Impervious Area: 2651 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: R-7 (CD) Officer: DTB Setbacks (F) 10' (LH) 5' (RH) 5' (B) 10'

Approval: OK City: WM Date: 2/2/18 Flood: (A) \_\_\_\_\_ (V) \_\_\_\_\_ (N)  BFE+2ft= \_\_\_\_\_  
 Comment: Must meet setback requirements of approved TRC + SRB site plan; Minimum 10' btw structures Permit Fee: \$ 2585

City Inspection Required, 910-254-0900



2018-2909

# NEW HANOVER COUNTY BUILDING PERMIT

# 18-796

## APPLICATION TYPE: RESIDENTIAL

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

Application  
Number  
(office use)

APPLICANT'S NAME: Janet Furr Date: 03/16/18  
PROJECT ADDRESS: 598 Orbison Drive CITY: Wilmington ZIP: 28411  
SUBDIVISION: The Reserve at West Bay LOT #: 194

PROPERTY OWNER'S NAME: D.R. Horton PHONE #: 910-821-8557  
OWNER'S ADDRESS: 131 Racine Drive Suite 201 CITY: Wilmington ZIP: 28403

CONTRACTOR: D.R. Horton BLDG LICENSE #: 29676  
ADDRESS: 131 Racine Drive Suite 201 CITY: Wilmington ST: NC ZIP: 28403  
EMAIL ADDRESS: jfurr@drhorton.com PHONE: 910-821-8557

PROJECT CONTACT PERSON: Sean Reynolds PHONE: 910-524-1689

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) 236  Det Garage (SF) \_\_\_\_\_  Porch (SF) 42  
 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: 1897 Unheated: 278

TOTAL PROJECT COST (Less Lot): \$ 116845

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: New Single Family Residence

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

Owner/Contractor: Janet Furr Signature: [Signature]  
"Licensed Qualifier" Print Name

Is the property located in a floodplain?  Yes  No

Existing Impervious Area: \_\_\_\_\_ Sq Ft Total Acres Disturbed: .03

New Impervious Area: 1691 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: \$ 970.00





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

2018-2908  
 18-721

Application Number (office use)

**APPLICANT'S NAME:** Martin VAHUE **Date:** 3/7/18  
**PROJECT ADDRESS:** 5308 Hanahan Drive **CITY:** Wilmington **ZIP:** 28403  
**SUBDIVISION:** Autumn Hall **LOT #:** 146

**PROPERTY OWNER'S NAME:** Henry Phillips **PHONE #:** 910 540 2226  
**OWNER'S ADDRESS:** 121 Mulberry Circle **CITY:** Hampstead **ZIP:** 28443

**CONTRACTOR:** VAHUE Building Corp. LLC **BLDG LICENSE #:** 60449  
**ADDRESS:** 6338 Oleander #21 **CITY:** Wilmington **ST:** NC **ZIP:** 28403  
**EMAIL ADDRESS:** MVcustomtrim@yahoo.com **PHONE:** 910 352 6799

**PROJECT CONTACT PERSON:** MARTY VAHUE **PHONE:** 910 352 6799

**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) 571  Det Garage (SF) \_\_\_\_\_  Porch (SF) 555  
 Sunroom (SF) \_\_\_\_\_  Pool (SF) \_\_\_\_\_  Storage Shed (SF) \_\_\_\_\_  
 Greenhouse (SF) \_\_\_\_\_  Deck (SF) \_\_\_\_\_  Other (SF) 279  
*Rear porch*

Is the proposed work changing the existing footprint?  Yes  No  
**TOTAL SQ FT UNDER ROOF (for proposed work) Heated:** 2671 **Unheated:** 1779

**TOTAL PROJECT COST (Less Lot):** \$ 500,000.00

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

**Property Use/ Occupancy:**  Single Family  Duplex  Townhouse

**Description of Work:** Single Family Home

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**Owner/Contractor:** MARTIN VAHUE **Signature:** [Signature]  
 "Licensed Qualifier" Print Name

Is the property located in a floodplain?  Yes  No

**Existing Impervious Area:** 0 Sq Ft **Total Acres Disturbed:** 0.09

**New Impervious Area:** 3819 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)** \_\_\_\_\_ **BEF+2ft=** \_\_\_\_\_

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

~~7:14 PM~~

12 MAR 18 10:29 AM



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

2018-2907

**18-813**

Application Number (office use)

APPLICANT'S NAME: Seventy West Builders, Inc. Date: 3/19/18  
 PROJECT ADDRESS: 282 Trisail Terrace CITY: Wilmington ZIP: 28412  
 SUBDIVISION: Riverrights LOT #: 204

PROPERTY OWNER'S NAME: Seventy West Builders PHONE #: 910-324-4447  
 OWNER'S ADDRESS: PO Box 1070 CITY: Hampstead ZIP: 28443

CONTRACTOR: Seventy West Builders, Inc. BLDG LICENSE #: 64926  
 ADDRESS: PO Box 1070 CITY: Hampstead ST: NC ZIP: 28443  
 EMAIL ADDRESS: melissa@70westbuilders.com PHONE: (910) 324-4447

PROJECT CONTACT PERSON: Ryan Bailey PHONE: 910-547-9362

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) 516  Det Garage (SF) \_\_\_\_\_  Porch (SF) 232  
 Sunroom (SF) \_\_\_\_\_  Pool (SF) \_\_\_\_\_  Storage Shed (SF) \_\_\_\_\_  
 Greenhouse (SF) \_\_\_\_\_  Deck (SF) \_\_\_\_\_  Other (SF) 510

Is the proposed work changing the existing footprint?  Yes  No

TOTAL SQ FT UNDER ROOF (for proposed work) Heated: 2289 Unheated: 3547

TOTAL PROJECT COST (Less Lot): \$ 213,000

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: Major - Right - Elevation A

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

Owner/Contractor: Craig Smith Signature: [Signature]  
 "Licensed Qualifier" Print Name

Is the property located in a floodplain?  Yes  No

Existing Impervious Area: 0 Sq Ft Total Acres Disturbed: 0.12  
 New Impervious Area: 2958 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: R-7(CD) Officer: DTG Setbacks (F) 10' (LH) 5' (RH) 5' (B) 10'  
 Approval: OK City: ILM Date: 3/12/18 Flood: (A) \_\_\_\_\_ (V) \_\_\_\_\_ (N)  BFE+2ft= \_\_\_\_\_

Comment: Must meet setback requirements of approved TRC+ SRB plans; Minimum 10' btw structures Permit Fee: \$ 2585

City Inspection Required, 910-254-0901



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

2018-2906  
 186-690  
 City  
 Application Number (office use)

APPLICANT'S NAME: Melvin ERAZO Date: 03-08-18  
 PROJECT ADDRESS: 326 Westchester Rd CITY: Wilmington ZIP: 28409  
 SUBDIVISION: \_\_\_\_\_ LOT #: \_\_\_\_\_

PROPERTY OWNER'S NAME: MELVIN ERAZO PHONE #: 910-352-3118  
 OWNER'S ADDRESS: 170 Adlington dr. CITY: Wilmington ZIP: 28401

CONTRACTOR: MELVIN ERAZO BLDG LICENSE #: \_\_\_\_\_  
 ADDRESS: 170 Adlington dr. CITY: Wilmington ST: \_\_\_\_\_ ZIP: 28401  
 EMAIL ADDRESS: melvin.erazo69@yahoo.com.mx PHONE: 910-352-3118

PROJECT CONTACT PERSON: MELVIN ERAZO PHONE: 910-352-3118

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

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

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Att Garage (SF) _____ | <input type="checkbox"/> Det Garage (SF) _____ | <input checked="" type="checkbox"/> Porch (SF) _____ |
| <input type="checkbox"/> Sunroom (SF) _____    | <input type="checkbox"/> Pool (SF) _____       | <input type="checkbox"/> Storage Shed (SF) _____     |
| <input type="checkbox"/> Greenhouse (SF) _____ | <input type="checkbox"/> Deck (SF) _____       | <input type="checkbox"/> Other (SF) _____            |

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

TOTAL PROJECT COST (Less Lot): \$ 5000.00  
 Is the proposed work changing the number of bedrooms?  Yes  No  
 Is any **Electrical, Plumbing or Mechanical** work being done to the Accessory Structure  Yes  No  
 If the project is a **Relocation**, is there a Natural Gas Line on the current site?  Yes  No  
 Is there Electrical Power on this Building?  Yes  No

Property Use/ Occupancy:  Single Family  Duplex  Townhouse  
 Description of Work: put porch back in the front of the house

**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: Melvin Erazo 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: \$ \_\_\_\_\_

2018-29106

R1



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

178-1090

Application Number (office use)

APPLICANT'S NAME: Melvin Erazu Date: 03-08-18  
PROJECT ADDRESS: 326 Westchester Rd CITY: Wilmington ZIP: 28409  
SUBDIVISION: \_\_\_\_\_ LOT #: \_\_\_\_\_

PROPERTY OWNER'S NAME: Melvin Erazu PHONE #: 910-352-3118  
OWNER'S ADDRESS: 170 Arlington Dr. CITY: Wilmington ZIP: 28401

CONTRACTOR: MELVIN ERAZU BLDG LICENSE #: \_\_\_\_\_  
ADDRESS: 170 Arlington Dr. CITY: Wilmington ST: \_\_\_\_\_ ZIP: 28401  
EMAIL ADDRESS: Melvin\_erazu69@yahoo.com.mx PHONE: 910-352-3118

PROJECT CONTACT PERSON: MELVIN ERAZU PHONE: 910-352-3118

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

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

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

Is the proposed work changing the existing footprint?  Yes  No

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

TOTAL PROJECT COST (Less Lot): \$ 5000.00

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

Property Use/ Occupancy:  Single Family  Duplex  Townhouse  
Description of Work: put porch back in the front of the house

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: Melvin Erazu Signature: \_\_\_\_\_  
"Licensed Qualifier" Print Name

City Inspection Required, 910-254-0900

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: R-15 Officer: (Signature) Setbacks (F) 30' (LH) N/A (RH) N/A (B) N/A

Approval: \_\_\_\_\_ City: WILM Date: 3-10-18 Flood: (A) \_\_\_\_\_ (V) \_\_\_\_\_ (N)  BFE+2ft= \_\_\_\_\_

Comment: Unenclosed porch may encroach up to eight (8) feet into required front yard. Permit Fee: \$ \_\_\_\_\_



NEW HANOVER COUNTY BUILDING PERMIT

APPLICATION TYPE: RESIDENTIAL

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

2018-2905
18-795

Application Number (office use)

APPLICANT'S NAME: Janet Furr Date: 03/16/18
PROJECT ADDRESS: 596 Orbison Drive CITY: Wilmington ZIP: 28411
SUBDIVISION: The Reserve at West Bay LOT #: 193

PROPERTY OWNER'S NAME: D.R. Horton PHONE #: 910-821-8557
OWNER'S ADDRESS: 131 Racine Drive Suite 201 CITY: Wilmington ZIP: 28403

CONTRACTOR: D.R. Horton BLDG LICENSE #: 29676
ADDRESS: 131 Racine Drive Suite 201 CITY: Wilmington ST: NC ZIP: 28403
EMAIL ADDRESS: jfurr@drhorton.com PHONE: 910-821-8557

PROJECT CONTACT PERSON: Sean Reynolds PHONE: 910-524-1689

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) 231 [ ] Det Garage (SF) [x] Porch (SF) 31
[ ] Sunroom (SF) [ ] Pool (SF) [ ] Storage Shed (SF)
[ ] Greenhouse (SF) [ ] Deck (SF) [ ] Other (SF)

Is the proposed work changing the existing footprint? [x] Yes [ ] No
TOTAL SQ FT UNDER ROOF (for proposed work) Heated: 1473 Unheated: 262

TOTAL PROJECT COST (Less Lot): \$ 92805
Is the proposed work changing the number of bedrooms? [x] Yes [ ] 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: [ ] Single Family [ ] Duplex [x] Townhouse
Description of Work: New Single Family Residence

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

Owner/Contractor: Janet Furr Signature: [Handwritten Signature]
"Licensed Qualifier" Print Name

Is the property located in a floodplain? [ ] Yes [x] No
Existing Impervious Area: \_\_\_\_\_ Sq Ft Total Acres Disturbed: .02
New Impervious Area: 1294 Sq Ft Existing Land Disturbing Permit: [x] 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: \$ 555.00



2018-2904

William

RECEIVED MAR 14 2018

~~PEZ 18-769~~

NEW HANOVER COUNTY BUILDING PERMIT

APPLICATION TYPE: RESIDENTIAL

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

Application  
Number  
2018-2904

APPLICANT'S NAME: Protege Pools Date: 3-14-18  
PROJECT ADDRESS: 910 Creechwood Drive CITY: Wilmington ZIP: 28403  
SUBDIVISION: \_\_\_\_\_ LOT #: \_\_\_\_\_

PROPERTY OWNER'S NAME: Lee + Michael Brighton PHONE #: 910-294-1882  
OWNER'S ADDRESS: 910 Creechwood Rd CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

CONTRACTOR: Shane Kosnik BLDG LICENSE #: 54577  
ADDRESS: 5217 S College St CITY: Wilmington STATE: NC ZIP: 28412  
FEMA ADDRESS: protegepools.com PHONE: 910-309-6472

PROJECT CONTACT PERSON: Shane Kosnik PHONE: 910-489-6477

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) 310  Storage Shed (SF) \_\_\_\_\_  
 Greenhouse (SF) \_\_\_\_\_  Deck (SF) \_\_\_\_\_  Other (SF) \_\_\_\_\_

Is the proposed work changing the existing footprint?  Yes  No  
TOTAL SQFT UNDER ROOF (for proposed work) Heated: \_\_\_\_\_ Unheated: \_\_\_\_\_  
TOTAL PROJECT COST (Less Lot): \$ 35,000  
Is the proposed work changing the number of bedrooms?  Yes  No  
If 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: Proposed Swimming Pool

DISCLAIMER: The undersigned certifies 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. NOT a warranty or performance bond. The appropriate permits will be in violation of the NC State Bldg Code and subject to fees up to \$50,000.

Owner/Contractor: Shane Kosnik Signature: [Signature]  
Title: Principal

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:  (P)UA  Community System  Private Well  Central Well  Aquifer  
Sewer:  (P)UA  Community System  Private Septic  Central Septic  Aquifer

Zone: R-15 Officer: DTB Setbacks (F) N/A (RH) 10' (H) 10' (B) 10'  
Approved: OK City: ILM Date: 3/16/18 Flood (A) \_\_\_\_\_ (V) \_\_\_\_\_ (N)  (B) F26

City Inspection Required, 910-254-0900

Comments: All decking and equipment must be set back 10' from the rear and side property line; No portion of the pool may extend further than the front plane of the structure

Wilm

2018-2904

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PEZ 18-769



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: Prestige Pools
PROJECT ADDRESS: 910 Greenhowe Rd
SUBDIVISION:
PROPERTY OWNER'S NAME: Lee + Micah bigham
OWNER'S ADDRESS: 910 Greenhowe Rd
CONTRACTOR: Shane Kosnik
ADDRESS: 5307 S. coitige rd
EMAIL ADDRESS: prestigepools28412@gmail.com
PROJECT CONTACT PERSON: Jordan Whitaker

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) 310 Storage Shed (SF)
Greenhouse (SF) Deck (SF) Other (SF)

Is the proposed work changing the existing footprint? Yes No
TOTAL SQ FT UNDER ROOF (for proposed work) Heated: Unheated:
TOTAL PROJECT COST (Less Lot): \$ 35,000

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.

Owner/Contractor: Shane Kosnik Signature: [Signature]

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: \$



NEW HANOVER COUNTY BUILDING PERMIT

APPLICATION TYPE: RESIDENTIAL

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

2018-2903
18-793

Application Number (office use)

APPLICANT'S NAME: Janet Furr Date: 03/16/18
PROJECT ADDRESS: 592 Orbison Drive CITY: Wilmington ZIP: 28411
SUBDIVISION: The Reserve at West Bay LOT #: 192

PROPERTY OWNER'S NAME: D.R. Horton PHONE #: 910-821-8557
OWNER'S ADDRESS: 131 Racine Drive Suite 201 CITY: Wilmington ZIP: 28403

CONTRACTOR: D.R. Horton BLDG LICENSE #: 29676
ADDRESS: 131 Racine Drive Suite 201 CITY: Wilmington ST: NC ZIP: 28403
EMAIL ADDRESS: jfurr@drhorton.com PHONE: 910-821-8557

PROJECT CONTACT PERSON: Sean Reynolds PHONE: 910-524-1689

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) 236 [ ] Det Garage (SF) [x] Porch (SF) 96
[ ] Sunroom (SF) [ ] Pool (SF) [ ] Storage Shed (SF)
[ ] Greenhouse (SF) [ ] Deck (SF) [ ] Other (SF)

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

TOTAL SQ FT UNDER ROOF (for proposed work) Heated: 1897 Unheated: 332

TOTAL PROJECT COST (Less Lot): \$ 119275

Is the proposed work changing the number of bedrooms? [x] Yes [ ] 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: [ ] Single Family [ ] Duplex [x] Townhouse

Description of Work: New Single Family Residence

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

Owner/Contractor: Janet Furr Signature: [Signature]
"Licensed Qualifier" Print Name

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

Existing Impervious Area: Sq Ft Total Acres Disturbed: .03

New Impervious Area: 1732 Sq Ft Existing Land Disturbing Permit: [x] 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: \$ 994.00



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

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

2018-2902  
**18-812**

Application  
Number  
(office use)

**APPLICANT'S NAME:** Southern Homebuilders Inc. **Date:** 03/16/2018  
**PROJECT ADDRESS:** 1504 Grove Lane **CITY:** Wilmington **ZIP:** 28409  
**SUBDIVISION:** The Grove **LOT #:** \_\_\_\_\_

**PROPERTY OWNER'S NAME:** Southern Homebuilders Inc. **PHONE #:** 910-799-0192  
**OWNER'S ADDRESS:** 108 N. Kerr Ave. Suite K-3 **CITY:** Wilmington **ZIP:** 28409

**CONTRACTOR:** Southern Homebuilders Inc. **BLDG LICENSE #:** 30016  
**ADDRESS:** 108 N. Kerr Ave. Suite K-3 **CITY:** Wilmington **ST:** NC **ZIP:** 28405  
**EMAIL ADDRESS:** vance@southernhomebuildersinc.com **PHONE:** 910-799-00192

**PROJECT CONTACT PERSON:** Gary Burrows **PHONE:** 910-367-2776

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

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

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

Is the proposed work changing the existing footprint?  Yes  No

**TOTAL SQ FT UNDER ROOF (for proposed work)** Heated: 2990 Unheated: 1,118

**TOTAL PROJECT COST (Less Lot):** \$ 289,950.00

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

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

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

Is there Electrical Power on this Building?  Yes  No

**Property Use/ Occupancy:**  Single Family  Duplex  Townhouse

**Description of Work:** Single Family Residence

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

**Owner/Contractor:** Southern Homebuilders Inc. **Signature:** \_\_\_\_\_  
"Licensed Qualifier" *Print Name*

**Vance Wrenn**  
Digitally signed by: Vance Wrenn  
DN: CN = Vance Wrenn email = vance@southernhomebuildersinc.com C = US  
Date: 2018.03.19 08:44:56 -05'00'

Is the property located in a floodplain?  Yes  No

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

**New Impervious Area:** 3094 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:** \$ 1823-

\* Need letter to authorize Vance Wrenn



NEW HANOVER COUNTY BUILDING PERMIT

APPLICATION TYPE: RESIDENTIAL

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

2018-2897
18-791

Application Number (office use)

APPLICANT'S NAME: Janet Furr Date: 03/16/18
PROJECT ADDRESS: 588 Orbison Drive CITY: Wilmington ZIP: 28411
SUBDIVISION: The Reserve at West Bay LOT #: 191

PROPERTY OWNER'S NAME: D.R. Horton PHONE #: 910-821-8557
OWNER'S ADDRESS: 131 Racine Drive Suite 201 CITY: Wilmington ZIP: 28403

CONTRACTOR: D.R. Horton BLDG LICENSE #: 29676
ADDRESS: 131 Racine Drive Suite 201 CITY: Wilmington ST: NC ZIP: 28403
EMAIL ADDRESS: jfurr@drhorton.com PHONE: 910-821-8557

PROJECT CONTACT PERSON: Sean Reynolds PHONE: 910-524-1689

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) 231 Det Garage (SF) Porch (SF) 31
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: 1473 Unheated: 262

TOTAL PROJECT COST (Less Lot): \$92805

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: New Single Family Residence

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

Owner/Contractor: Janet Furr Signature: [Signature]
"Licensed Qualifier" Print Name

Is the property located in a floodplain? Yes No

Existing Impervious Area: Sq Ft Total Acres Disturbed: .02

New Impervious Area: 1311 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: \$ 555.00



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# FLOOD ZONE



Clear Form

Print

MAIL

BB

18-505

## NEW HANOVER COUNTY BUILDING PERMIT APPLICATION TYPE: RESIDENTIAL

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

Application Number (office use)

APPLICANT'S NAME: Parker Construction Group, LLC Date: 2/12/18  
PROJECT ADDRESS: 1208 Pembroke Jones Drive CITY: Wilmington ZIP: 28405  
SUBDIVISION: Landfall LOT #: 9R BLK 2

PROPERTY OWNER'S NAME: Robert & Heather Jarman PHONE #: 919-771-8531  
OWNER'S ADDRESS: PO Box 1392 CITY: Wrightsville Beach ZIP: 28480

CONTRACTOR: Parker Construction Group, LLC BLDG LICENSE #: 65883  
ADDRESS: 7242 Wrightsville Avenue CITY: Wilmington ST: NC ZIP: 28403  
EMAIL ADDRESS: robert@parkerconstructiongroup.com PHONE: 919-771-8531

PROJECT CONTACT PERSON: Robert Jarman PHONE: 919-771-8531

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) 798  Det Garage (SF) \_\_\_\_\_  Porch (SF) 565  
 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: 4,409 Unheated: 1,363

TOTAL PROJECT COST (Less Lot): \$500,000.00

19FEB 18 12:08PM

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

Property Use/ Occupancy:  Single Family  Duplex  Townhouse

Description of Work: \_\_\_\_\_

Construct residence at 1208 Pembroke Jones Drive

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: Robert Jarman Signature: [Signature]  
"Licensed Qualifier" Print Name

Is the property located in a floodplain?  Yes  No EFFECTIVE PRELIMINARY AE12

# FLOOD ZONE

Existing Impervious Area: 0 Sq Ft Total Acres Disturbed: 0.38

New Impervious Area: 6,695.8 Sq Ft Existing Land Disturbing Permit:  Yes  No

WATER:  CFPWA  Community System  Private Well  Central Well  Aqua City Inspection Required, 910-254-0900

SEWER:  CFPWA  Community System  Private Septic  Central Septic  Aqua

Zone: P-20 (PE) Officer: Exm Setbacks (F) 30' (LH) X (RH) X (B) X Per approved Plans

Approval: DK City: WILM Date: 3/16/18 Flood: (A) AE12 (V) \_\_\_\_\_ (N) \_\_\_\_\_ BFE+2ft = 14'

Comment: MUST comply w/ Bldg height + setback regulations. Must Permit Fee: \$ \_\_\_\_\_  
Comply w/ Flood Plain Development regulations. Final Elevation Cert required.



Clear Form

Print

eMail

2018-2094

18-505

Application Number (office use)

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

WJM

APPLICANT'S NAME: Parker Construction Group, LLC Date: 2/12/18

PROJECT ADDRESS: 1208 Pembroke Jones Drive CITY: Wilmington ZIP: 28405

SUBDIVISION: Landfall LOT #: 9R BLK 2

PROPERTY OWNER'S NAME: Robert & Heather Jarman PHONE #: 919-771-8531

OWNER'S ADDRESS: PO Box 1392 CITY: Wrightsville Beach ZIP: 28480

CONTRACTOR: Parker Construction Group, LLC BLDG LICENSE #: 65883

ADDRESS: 7242 Wrighsville Avenue CITY: Wilmington ST: NC ZIP: 28403

EMAIL ADDRESS: robert@parkerconstructiongroup.com PHONE: 919-771-8531

PROJECT CONTACT PERSON: Robert Jarman PHONE: 919-771-8531

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) 798 Det Garage (SF) Porch (SF) 565

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: 4,409 Unheated: 1,363

TOTAL PROJECT COST (Less Lot): \$500,000.00

19FEB 18 12:08PM

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

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

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

Is there Electrical Power on this Building? Yes No

Property Use/ Occupancy: Single Family Duplex Townhouse

Description of Work:

Construct residence at 1208 Pembroke Jones Drive

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: Robert Jarman Signature: [Handwritten Signature]

"Licensed Qualifier" Print Name

Is the property located in a floodplain? Yes No

Existing Impervious Area: 0 Sq Ft Total Acres Disturbed: 0.38

New Impervious Area: 6,695.8 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: \$

NHC

RECEIVED MAR 16 2018

2018-2009  
PEZ 18-783

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

Application  
Number  
Building

APPLICANT'S NAME: Prestige Pools Date: 3-15-18  
PROJECT ADDRESS: 636 Windgate Dr. CITY: Wilmington ZIP: 28402  
SUBDIVISION: \_\_\_\_\_ LOT #: \_\_\_\_\_

PROPERTY OWNER'S NAME: Cynthia McLean PHONE #: 724-268-0769  
OWNER'S ADDRESS: 636 Windgate Dr. CITY: Wilmington ZIP: 28402

CONTRACTOR: Shane Kosnik HLDG LICENSE #: 571579  
ADDRESS: 5307 S. Carolina Ave CITY: Wilmington ST: NC ZIP: 28402  
EMAIL ADDRESS: pkosnik@prestigepools.com PHONE: 910-809-6347

PROJECT CONTACT PERSON: Shane Kosnik PHONE: 910-409-6277

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) 365
- 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: In-ground 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 Government Services Center will not be held 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" First Name

Is the property located in a floodplain?  Yes  No  
Existing Impervious Area: \_\_\_\_\_ Sq Ft Total Trees 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) \_\_\_\_\_ ERE-276-  
Comments: \_\_\_\_\_ Permit Fee: \$ \_\_\_\_\_



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

RECEIVED MAR 14 2018

Application  
Number  
(office use)

2018-2005  
PEZ 18-768

APPLICANT'S NAME: Prestige Pools Date: 3-13-18  
 PROJECT ADDRESS: 454 N. Crestwood dr. CITY: Wilmington ZIP: 28405  
 SUBDIVISION: \_\_\_\_\_ LOT #: \_\_\_\_\_  
 PROPERTY OWNER'S NAME: Alyssa / Nathan Fisher PHONE #: 910-547-3876  
 OWNER'S ADDRESS: 454 N. Crestwood dr. CITY: Wilmington ZIP: 28405  
 CONTRACTOR: Shane Kosnik BLDG LICENSE #: 54579  
 ADDRESS: 5307 S. Colkys rd CITY: Wilmington ST: NC ZIP: 28412  
 EMAIL ADDRESS: prestigepools28712@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) \_\_\_\_\_  Det Garage (SF) \_\_\_\_\_  Porch (SF) \_\_\_\_\_  
 Sunroom (SF) \_\_\_\_\_  Pool (SF) 300 \_\_\_\_\_  Storage Shed (SF) \_\_\_\_\_  
 Greenhouse (SF) \_\_\_\_\_  Deck (SF) \_\_\_\_\_  Other (SF) \_\_\_\_\_

Is the proposed work changing the existing footprint?  Yes  No

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

TOTAL PROJECT COST (Less Lot): \$ 57,000

14 MAR 18 9:53AM

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-



S-1 TB

2018-2876

# NEW HANOVER COUNTY BUILDING PERMIT

APPLICATION TYPE: COMMERCIAL

18-840

PLEASE ANSWER ALL QUESTIONS APPLICABLE TO YOUR PROJECT

APPLICATION Number (Office Use)

## "Project Responsibility"

**APPLICANT'S NAME:** Dal-Knox, Inc **DATE:** 3/21/18  
**DEVELOPER:** Dal-Knox, Inc **PHONE #:** 910-763-5424  
**PROJECT ADDRESS:** 2955 Orville Wright Way - Suite 110 **CITY:** Wilmington **ZIP:** 28405  
**OCCUPANT/BUSINESS NAME:** PurTest (assembles home water testing kits)  
**PROPERTY OWNER'S NAME:** Dal-Knox, Inc **PHONE #:** 910-763-5424  
**OWNER'S ADDRESS:** 2926 Boundary St - Suite 100 **CITY:** Wilmington **ST:** NC **ZIP:** 28405  
**CONTRACTOR:** Dal-Knox, Inc **LICENSE #:** 49512  
**ADDRESS:** 2926 Boundary St - Suite 100 **CITY:** Wilmington **ST:** NC **ZIP:** 28405  
**EMAIL ADDRESS:** Zack@reaganmanagement.com **PHONE #:** 910-763-5424  
**PROJECT CONTACT PERSON:** Zack Reagan **PHONE #:** 910-763-5424

(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 #: 2017-11124 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:** Michelle Ginnocchio PH: 910-342-0790 NC REG #: 7017  
**ENGR DESIGN PROFESSIONAL:** Rob Armstrong, PE PH: 910-876-0376 NC REG #: 25488

**DESCRIPTION OF WORK:** NO WORK TO BE DONE. ALL WORK COMPLETE AND INSPECTED UNDER SHELL PERMIT.

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:** Zack Reagan **SIGNATURE:** *Zack Reagan*  
(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: 0 BUILDING HEIGHT: 18 # OF UNITS: 1  
 TOTAL AREA SQ FT: 3600 SQ FT PER FLR: 3600 # OF STORIES: 1  
 TOTAL SQ FT UNDER ROOF: 10800 # OF STRUCTURES: 1 # OF FLOORS: 1

ACRES DISTURBED: 1.0 EXST LAND DISTURBING PERMIT?  YES  NO  
 NEW IMPERVIOUS AREA: None SQ FT EXISTING IMPERVIOUS AREA: \_\_\_\_\_ SQ FT

PROPERTY USE:  OFFICE  RESTAURANT  MERCANTILE  EDUC  APT  CONDO  OTHER Office/Flex

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

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

PAYMENT METHOD:  CASH  CHECK (PAYABLE TO NHC)  AMERICAN EXPRESS  MCVISA  DISCOVER  
(FOR OFFICE USE ONLY)

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

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

Comment \_\_\_\_\_ PERMIT FEE: 618





# NEW HANOVER COUNTY BUILDING PERMIT

## APPLICATION TYPE: RESIDENTIAL

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

2018-2873  
18-790

Application  
Number  
(office use)

APPLICANT'S NAME: Janet Furr Date: 03/16/18  
PROJECT ADDRESS: 584 Orbison Drive CITY: Wilmington ZIP: 28411  
SUBDIVISION: The Reserve at West Bay LOT #: 190

PROPERTY OWNER'S NAME: D.R. Horton PHONE #: 910-821-8557  
OWNER'S ADDRESS: 131 Racine Drive Suite 201 CITY: Wilmington ZIP: 28403

CONTRACTOR: D.R. Horton BLDG LICENSE #: 29676  
ADDRESS: 131 Racine Drive Suite 201 CITY: Wilmington ST: NC ZIP: 28403  
EMAIL ADDRESS: jfurr@drhorton.com PHONE: 910-821-8557

PROJECT CONTACT PERSON: Sean Reynolds PHONE: 910-524-1689

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) 236  Det Garage (SF) \_\_\_\_\_  Porch (SF) 42  
 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: 1897 Unheated: 278

TOTAL PROJECT COST (Less Lot): \$ 116845

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: New Single Family Residence

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

Owner/Contractor: Janet Furr Signature: \_\_\_\_\_  
"Licensed Qualifier" Print Name

Is the property located in a floodplain?  Yes  No

Existing Impervious Area: \_\_\_\_\_ Sq Ft Total Acres Disturbed: .03

New Impervious Area: 1691 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: \$ 970.00



Revised. Wrong Square Footage. Should have been 2,382 sq ft.

Clear Form Print eMail

# NEW HANOVER COUNTY BUILDING PERMIT

APPLICATION TYPE: COMMERCIAL

2018-2871 Per's  
18-562 Bleu

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

APPLICATION Number  
(Office Use)

APPLICANT'S NAME: Adams Southeastern Construciton DATE: 2/23/18  
 DEVELOPER: \_\_\_\_\_ PHONE #: \_\_\_\_\_  
 PROJECT ADDRESS: 1729 New Hanover Medical Park Dr. CITY: Wilmington ZIP: 28403  
 OCCUPANT/BUSINESS NAME: \_\_\_\_\_  
 PROPERTY OWNER'S NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_  
 OWNER'S ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 CONTRACTOR: Adams Southeastern Construction LICENSE #: 68856  
 ADDRESS: 1213 Culbreth Drive CITY: Wilmington ST: NC ZIP: 28405  
 EMAIL ADDRESS: tadams@admassec.com PHONE #: 910 443 8753  
 PROJECT CONTACT PERSON: Trace Adams PHONE #: 910 443 8753

(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: Frederick Collins PH: 910 341 7600 NC REG #: 4537  
 ENGR DESIGN PROFESSIONAL: \_\_\_\_\_ PH: \_\_\_\_\_ NC REG #: \_\_\_\_\_

DESCRIPTION OF WORK: Demo selected offices non load bearing walls and reframe for exam rooms

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: William "Trace" Adams III SIGNATURE: W Trace Adams III  
(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: 140000.00 BUILDING HEIGHT: \_\_\_\_\_ # OF UNITS: \_\_\_\_\_  
 TOTAL AREA SQ FT: 2,382 SQ FT PER FLR: \_\_\_\_\_ # OF STORIES: \_\_\_\_\_  
 TOTAL SQ FT UNDER ROOF: \_\_\_\_\_ # OF STRUCTURES: \_\_\_\_\_ # OF FLOORS: \_\_\_\_\_

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

PROPERTY USE:  OFFICE  RESTAURANT  MERCANTILE  EDUC  APT  CONDO OTHER \_\_\_\_\_  
 WATER:  CFPUA  COMMUNITY SYSTEM  WELL  ZONING USE CLASSIFICATION \_\_\_\_\_  
 SEWER:  CFPUA  CENTRAL SEPTIC  PRIVATE SEPTIC  COMMUNITY \_\_\_\_\_  
 SYSTEM \*\*\* SEPARATE PERMITS REQUIRED FOR ELECT, MECH, PLBG, GAS EQUIP, PREFABS & INSERTS

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

ZONE: \_\_\_\_\_ OFFICER: \_\_\_\_\_ SETBACKS: F: \_\_\_\_\_ LH \_\_\_\_\_ RH \_\_\_\_\_ B \_\_\_\_\_  
 Approval: \_\_\_\_\_ City: \_\_\_\_\_ DATE \_\_\_\_\_ FLOOD: \_\_\_\_\_ BFE+2ft: \_\_\_\_\_  
 Comment \_\_\_\_\_ PERMIT FEE: 574.00

021

no plbg



Clear Form Print eMail

NEW HANOVER COUNTY BUILDING PERMIT

2018-2871 18-562

APPLICATION TYPE: COMMERCIAL

PLEASE ANSWER ALL QUESTIONS APPLICABLE TO YOUR PROJECT

"Project Responsibility"

APPLICATION Number (Office Use)

APPLICANT'S NAME: Adams Southeastern Construciton DATE: 2/23/18
DEVELOPER: PHONE #:
PROJECT ADDRESS: 1729 New Hanover Medical Park Dr. CITY: Wilmington ZIP: 28403
OCCUPANT/BUSINESS NAME:
PROPERTY OWNER'S NAME: PHONE #:
OWNER'S ADDRESS: CITY: ST: ZIP:
CONTRACTOR: Adams Southeastern Construction LICENSE #: 68856
ADDRESS: 1213 Culbreth Drive CITY: Wilmington ST: NC ZIP: 28405
EMAIL ADDRESS: tadams@admassec.com PHONE #: 910 443 8753
PROJECT CONTACT PERSON: Trace Adams PHONE #: 910 443 8753

(Check All That Apply)

EXIST CONSTRUCTION: ALTERATION RENOVIATION 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: Frederick Collins PH: 910 341 7600 NC REG #: 4537
ENGR DESIGN PROFESSIONAL: PH: NC REG #:

DESCRIPTION OF WORK: Demo selected offices non load bearing walls and reframe for exam rooms

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: William "Trace" Adams III 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: 140000.00 BUILDING HEIGHT: # OF UNITS:
TOTAL AREA SQ FT: 23082 SQ FT PER FLR: # OF STORIES:
TOTAL SQ FT UNDER ROOF: # OF STRUCTURES: # OF FLOORS:

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

PROPERTY USE: OFFICE RESTAURANT MERCANTILE EDUC APT CONDO OTHER

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

\*\*\* 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: City: DATE FLOOD: BFE+2ft:

Comment PERMIT FEE:

021

no plbg



NEW HANOVER COUNTY BUILDING PERMIT

APPLICATION TYPE: RESIDENTIAL

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

2018-2870

18-803

Application Number (office use)

APPLICANT'S NAME: Janet Furr Date: 03/16/18
PROJECT ADDRESS: 562 Orbison Drive CITY: Wilmington ZIP: 28411
SUBDIVISION: The Reserve at West Bay LOT #: 184

PROPERTY OWNER'S NAME: D.R. Horton PHONE #: 910-821-8557
OWNER'S ADDRESS: 131 Racine Drive Suite 201 CITY: Wilmington ZIP: 28403

CONTRACTOR: D.R. Horton BLDG LICENSE #: 29676
ADDRESS: 131 Racine Drive Suite 201 CITY: Wilmington ST: NC ZIP: 28403
EMAIL ADDRESS: jfurr@drhorton.com PHONE: 910-821-8557

PROJECT CONTACT PERSON: Sean Reynolds PHONE: 910-524-1689

EXISTING CONSTRUCTION: [X] 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) 236 [ ] Det Garage (SF) [X] Porch (SF) 42
[ ] Sunroom (SF) [ ] Pool (SF) [ ] Storage Shed (SF)
[ ] Greenhouse (SF) [ ] Deck (SF) [ ] Other (SF)

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

TOTAL SQ FT UNDER ROOF (for proposed work) Heated: 1897 Unheated: 278

TOTAL PROJECT COST (Less Lot): \$ 116845

Is the proposed work changing the number of bedrooms? [X] Yes [ ] 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: [ ] Single Family [ ] Duplex [X] Townhouse

Description of Work: New Single Family Residence

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

Owner/Contractor: Janet Furr Signature: [Signature]
"Licensed Qualifier" Print Name

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

Existing Impervious Area: Sq Ft Total Acres Disturbed: .03
New Impervious Area: 1689 Sq Ft Existing Land Disturbing Permit: [X] Yes [ ] No

WATER: [X] 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: \$ 970.00

B/WB

2018-2869

B5



# NEW HANOVER COUNTY BUILDING PERMIT

PER 18-187

APPLICATION TYPE: COMMERCIAL

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

APPLICATION Number  
(Office Use)

APPLICANT'S NAME: Jason Long DATE: 1-22-18  
 DEVELOPER: \_\_\_\_\_ PHONE #: \_\_\_\_\_  
 PROJECT ADDRESS: 216 Victory Gardens Dr. CITY: Wilmington ZIP: 28403  
 OCCUPANT/BUSINESS NAME: Smith + Gsell Studio  
 PROPERTY OWNER'S NAME: Brannon Smith PHONE #: 910-612-3100  
 OWNER'S ADDRESS: \_\_\_\_\_ CITY: Wilmington ST: NC ZIP: 28403  
 CONTRACTOR: Jlong Custom Homes LLC LICENSE #: 75562  
 ADDRESS: 311 Judges Rd unit 2H CITY: Wilmington ST: NC ZIP: 28403  
 EMAIL ADDRESS: jason@jlongcustomhomes.com PHONE #: 910-470-7658  
 PROJECT CONTACT PERSON: Jason Long PHONE #: 910-470-7658

(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: Lisle Architecture PH: 910-763-6053 NC REG #: \_\_\_\_\_  
 ENGR DESIGN PROFESSIONAL: Stillwater Engineering PH: \_\_\_\_\_ NC REG #: \_\_\_\_\_

DESCRIPTION OF WORK: Erect new structure for design-studio

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: Jason Long SIGNATURE: \_\_\_\_\_  
(Qualifier) (Print Name)

Note: Demolition notifications & asbestos removal permit applications are to be submitted using the application form (DHHS-8768) 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: 300,000 BUILDING HEIGHT: 21.8 ft # OF UNITS: 1  
 TOTAL AREA SQ FT: 1100 SQ FT PER FLR: 1100 # OF STORIES: 1  
 TOTAL SQ FT UNDER ROOF: 1100 # OF STRUCTURES: 1 # OF FLOORS: 1

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

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

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

SYSTEM \*\*\* 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: CB OFFICER: DTB SETBACKS: F: 20' LH: \* RH: 6' B: 10'  
 Approval: \_\_\_\_\_ City: WILM DATE: 3-14-18 FLOOD: \_\_\_\_\_ BFE+2ft: \_\_\_\_\_

Comment: All work per approved site plan; \*15' buffer requirement - must maintain vegetative buffer PERMIT FEE: \_\_\_\_\_

City Inspection Required, 910-254-0000

C2 (CFWA) Fire





# NEW HANOVER COUNTY BUILDING PERMIT

APPLICATION TYPE: COMMERCIAL

PLEASE ANSWER ALL QUESTIONS APPLICABLE TO YOUR PROJECT

## "Project Responsibility"

2018-2869  
~~PEZ 18-187~~

APPLICATION Number (Office Use)

APPLICANT'S NAME: Jason Long DATE: 1-22-18  
 DEVELOPER: \_\_\_\_\_ PHONE #: \_\_\_\_\_  
 PROJECT ADDRESS: 216 Victory Gardens Dr. CITY: Wilmington ZIP: 28403  
 OCCUPANT/BUSINESS NAME: Smith & Gsell Studio  
 PROPERTY OWNER'S NAME: Brannon Smith PHONE #: 910-612-3100  
 OWNER'S ADDRESS: \_\_\_\_\_ CITY: Wilmington ST: NC ZIP: 28403  
 CONTRACTOR: Jlong Custom Homes LLC LICENSE #: 75562  
 ADDRESS: 311 Judges Rd Unit 2H CITY: Wilmington ST: NC ZIP: 28405  
 EMAIL ADDRESS: jason@jlongcustomhomes.com PHONE #: 910-470-7698  
 PROJECT CONTACT PERSON: Jason Long PHONE #: 910-470-7698

(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: Liste Architecture PH: 910-763-6053 NC REG #: \_\_\_\_\_  
 ENGR DESIGN PROFESSIONAL: Stillwater Engineering PH: \_\_\_\_\_ NC REG #: \_\_\_\_\_

DESCRIPTION OF WORK: Erect new structure for design-studio

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: Jason Long SIGNATURE: \_\_\_\_\_  
(Qualifier) (Print Name)

Note: Demolition notifications & asbestos removal permit applications are to be submitted using the application form (DHHS-8768) 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: 300,000 BUILDING HEIGHT: 21.2 ft # OF UNITS: 1  
 TOTAL AREA SQ FT: 1100 SQ FT PER FLR: 1100 # OF STORIES: 1  
 TOTAL SQ FT UNDER ROOF: 1100 # OF STRUCTURES: 1 # OF FLOORS: 1

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

PROPERTY USE:  OFFICE  RESTAURANT  MERCANTILE  EDUC  APT  CONDO  OTHER \_\_\_\_\_  
 WATER:  CFPUA  COMMUNITY SYSTEM  WELL  ZONING USE CLASSIFICATION \_\_\_\_\_  
 SEWER:  CFPUA  CENTRAL SEPTIC  PRIVATE SEPTIC  COMMUNITY \_\_\_\_\_

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

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

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

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



# NEW HANOVER COUNTY BUILDING PERMIT

## APPLICATION TYPE: RESIDENTIAL

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

2018-2868  
18-802

Application  
Number  
(office use)

APPLICANT'S NAME: Janet Furr Date: 03/16/18  
PROJECT ADDRESS: 558 Orbison Drive CITY: Wilmington ZIP: 28411  
SUBDIVISION: The Reserve at West Bay LOT #: 183

PROPERTY OWNER'S NAME: D.R. Horton PHONE #: 910-821-8557  
OWNER'S ADDRESS: 131 Racine Drive Suite 201 CITY: Wilmington ZIP: 28403

CONTRACTOR: D.R. Horton BLDG LICENSE #: 29676  
ADDRESS: 131 Racine Drive Suite 201 CITY: Wilmington ST: NC ZIP: 28403  
EMAIL ADDRESS: jfurr@drhorton.com PHONE: 910-821-8557

PROJECT CONTACT PERSON: Sean Reynolds PHONE: 910-524-1689

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) 231  Det Garage (SF) \_\_\_\_\_  Porch (SF) 31  
 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: 1473 Unheated: 262

TOTAL PROJECT COST (Less Lot): \$92805

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: New Single Family Residence

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

Owner/Contractor: Janet Furr Signature: [Signature]  
"Licensed Qualifier" Print Name

Is the property located in a floodplain?  Yes  No

Existing Impervious Area: \_\_\_\_\_ Sq Ft Total Acres Disturbed: .02  
New Impervious Area: 1310 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: \$ 776.00



Clear Form Print eMail

2018-2064

NEW HANOVER COUNTY BUILDING PERMIT

18-397

APPLICATION TYPE: COMMERCIAL

PLEASE ANSWER ALL QUESTIONS APPLICABLE TO YOUR PROJECT

"Project Responsibility"

APPLICATION Number (Office Use)

APPLICANT'S NAME: Clancy & Theys Construction Company DATE: 02-08-2018
DEVELOPER: Cameron Management, Inc. PHONE #: 910-762-2676
PROJECT ADDRESS: 1124 Gallery Park Blvd. CITY: Wilmington ZIP: 28412
OCCUPANT/BUSINESS NAME:
PROPERTY OWNER'S NAME: Cameron Management, Inc. PHONE #: 910-762-2676
OWNER'S ADDRESS: 1201 Glen Meade Road CITY: Wilmington ST: NC ZIP: 28401
CONTRACTOR: Clancy & Theys Construction Company LICENSE #: 2077
ADDRESS: 2250 Shipyard Blvd, Suite One CITY: Wilmington ST: NC ZIP: 28403
EMAIL ADDRESS: michaelgoodson@clancytheys.com PHONE #: 910-392-5220
PROJECT CONTACT PERSON: Micheal Goodson - Project Manager PHONE #: 910-392-5220

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: [x] ERECT NEW STRUCTURE [ ] FAST TRACK [x] SHELL [ ] UPFIT [ ] ADD TO EXIST STRUCTURE
ACCESSORY STRUCTURE:

If UPFIT - The Shell Permit #: Is Elect Power on this Building [ ] Yes [x] NO

\*\*\*\*\* IS THIS A CHANGE OF OCCUPANCY USE? [ ] YES [x] NO \*\*\*\*\*
IF Yes, what was the Previous Occupancy Type? What is the New Occupancy Type?

ARCH DESIGN PROFESSIONAL: BMH Architects - Bruce Bowman PH: 910-762-2621 NC REG #: 5951
ENGR DESIGN PROFESSIONAL: CBHF Engineers - Allen Cribb PH: 910-791-4000 NC REG #: 023311

DESCRIPTION OF WORK: Shell construction of a new office building

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

DISCLAIMER: I hereby certify that all information in this application is correct and all work will comply with the 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: Joe Rider - Project Manager 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: \$8,000,000 BUILDING HEIGHT: 50 feet # OF UNITS:
TOTAL AREA SQ FT: 64,212 SQ FT PER FLR: ~21,000 # OF STORIES: 3
TOTAL SQ FT UNDER ROOF: 64,212 # OF STRUCTURES: 1 # OF FLOORS: 3

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

PROPERTY USE: [x] OFFICE [ ] RESTAURANT [ ] MERCANTILE [ ] EDUC [ ] APT [ ] CONDO OTHER
WATER: [x] CFPUA [ ] COMMUNITY SYSTEM [ ] WELL [ ] ZONING USE CLASSIFICATION
SEWER: [x] CFPUA [ ] CENTRAL SEPTIC [ ] PRIVATE SEPTIC [ ] COMMUNITY

\*\*\* 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: City: DATE FLOOD: BFE+2ft:

Comment PERMIT FEE: :



# NEW HANOVER COUNTY BUILDING PERMIT

## APPLICATION TYPE: RESIDENTIAL

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

2018-2863  
**18-800**

Application  
Number  
(office use)

APPLICANT'S NAME: Janet Furr Date: 03/16/18  
PROJECT ADDRESS: 554 Orbison Drive CITY: Wilmington ZIP: 28411  
SUBDIVISION: The Reserve at West Bay LOT #: 182

PROPERTY OWNER'S NAME: D.R. Horton PHONE #: 910-821-8557  
OWNER'S ADDRESS: 131 Racine Drive Suite 201 CITY: Wilmington ZIP: 28403

CONTRACTOR: D.R. Horton BLDG LICENSE #: 29676  
ADDRESS: 131 Racine Drive Suite 201 CITY: Wilmington ST: NC ZIP: 28403  
EMAIL ADDRESS: jfurr@drhorton.com PHONE: 910-821-8557

PROJECT CONTACT PERSON: Sean Reynolds PHONE: 910-524-1689

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) 231  Det Garage (SF) \_\_\_\_\_  Porch (SF) 31  
 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: 1473 Unheated: 262

TOTAL PROJECT COST (Less Lot): \$ 92805

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: New Single Family Residence

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

Owner/Contractor: Janet Furr Signature: [Signature]  
"Licensed Qualifier" Print Name

Is the property located in a floodplain?  Yes  No

Existing Impervious Area: \_\_\_\_\_ Sq Ft Total Acres Disturbed: .02  
New Impervious Area: 1310 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: \$ 776.00



NEW HANOVER COUNTY BUILDING PERMIT

APPLICATION TYPE: RESIDENTIAL

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

2018-2859
18-799

Application Number (office use)

APPLICANT'S NAME: Janet Furr Date: 03/16/18
PROJECT ADDRESS: 550 Orbison Drive CITY: Wilmington ZIP: 28411
SUBDIVISION: The Reserve at West Bay LOT #: 181

PROPERTY OWNER'S NAME: D.R. Horton PHONE #: 910-821-8557
OWNER'S ADDRESS: 131 Racine Drive Suite 201 CITY: Wilmington ZIP: 28403

CONTRACTOR: D.R. Horton BLDG LICENSE #: 29676
ADDRESS: 131 Racine Drive Suite 201 CITY: Wilmington ST: NC ZIP: 28403
EMAIL ADDRESS: jfurr@drhorton.com PHONE: 910-821-8557

PROJECT CONTACT PERSON: Sean Reynolds PHONE: 910-524-1689

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) 236 [ ] Det Garage (SF) [ ] Porch (SF) 96
[ ] Sunroom (SF) [ ] Pool (SF) [ ] Storage Shed (SF)
[ ] Greenhouse (SF) [ ] Deck (SF) [ ] Other (SF)

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

TOTAL SQ FT UNDER ROOF (for proposed work) Heated: 1897 Unheated: 332

TOTAL PROJECT COST (Less Lot): \$ 119275

Is the proposed work changing the number of bedrooms? [x] Yes [ ] 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: [ ] Single Family [ ] Duplex [x] Townhouse
Description of Work: New Single Family Residence

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

Owner/Contractor: Janet Furr Signature: [Handwritten Signature]
"Licensed Qualifier" Print Name

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

Existing Impervious Area: Sq Ft Total Acres Disturbed: .03
New Impervious Area: 1743 Sq Ft Existing Land Disturbing Permit: [x] Yes [ ] No

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

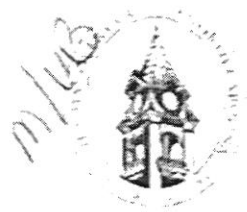
SEWER: [x] CFPUA [ ] Community System [ ] Private Septic [ ] Central Septic [ ] Aqua

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

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

Comment: Permit Fee: \$ 994.00





~~Contractor TBD~~

2010-2723  
18-628

# 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: Will Hofmann / FFR Design Worldwide DATE: 8 2 10

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

PROJECT ADDRESS: 418 S. College Road CITY: Wilmington ZIP: 28413

OCCUPANT/BUSINESS NAME: W. S. Cavalier

PROPERTY OWNER'S NAME: Cameron Management, Inc - Guest Engagement PHONE #: 817-637-3427

OWNER'S ADDRESS: 1201 Glen Meade Rd CITY: Wilmington ST: NC ZIP: 28411

CONTRACTOR: ACTION INSTALERS INC LICENSE #: 58393

ADDRESS: 1224 CAMPBELL AVE SE CITY: ROANOKE ST: VA ZIP: 24013

EMAIL ADDRESS: CUSTOMHOMEWORK @ AOL.COM PHONE #: 336-332-1521

PROJECT CONTACT PERSON: PAUL SNIDER PHONE #: 336-332-1521

(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: N/A

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? N/A What is the New Occupancy N/A

ARCH DESIGN PROFESSIONAL: Robert Rink PH: 513-241-3020 NC REG #: 13759

ENGR DESIGN PROFESSIONAL: \_\_\_\_\_ PH: \_\_\_\_\_ NC REG #: \_\_\_\_\_

DESCRIPTION OF WORK: Adding new fixture, includes wall, finish, and ceiling adjustments

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: JOSEPH DANIEL BYRD SIGNATURE: [Signature]

Note: Demolition notifications & asbestos removal permit applications are to be submitted using the application form (DIRHS-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 (NESI-NAP) at (811)703-5950 at least 10 days prior to the demolition of any facility or building. See Asbestos Web Site: <http://www.epa.state.nc.us/epi/asbestos/nc-nep.html>

TOTAL PROJECT COST: 28,000.00 BUILDING HEIGHT: Existing # OF UNITS: Existing

TOTAL AREA SQ FT: 3,310 SQ FT PER FLR: 3,310 # OF STORIES: 1

TOTAL SQ FT UNDER ROOF: 3,310 # OF STRUCTURES: 1 # OF FLOORS: 1

ACRES DISTURBED: N/A EXST LAND DISTURBING PERMIT?  YES  NO

NEW IMPERVIOUS AREA: N/A SQ FT EXISTING IMPERVIOUS AREA: N/A SQ FT

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

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

SEWER:  CFPWA  CENTRAL SEPTIC  PRIVATE SEPTIC  COMMUNITY \_\_\_\_\_

SYSTEM \*\*\* SEPARATE PERMITS REQUIRED FOR ELEC, MECH, PLUMB, 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: \_\_\_\_\_ City: \_\_\_\_\_ DATE \_\_\_\_\_ FLOOD: \_\_\_\_\_ BFE+2ft: \_\_\_\_\_

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

02

20181619



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

18-195

Application Number (office use)

APPLICANT'S NAME: ATO BUILDING GROUP Date: 01/24/18
PROJECT ADDRESS: 217 BLACK BEARD ROAD WEST CITY: WILMINGTON ZIP: 28409
SUBDIVISION: LOT #:

PROPERTY OWNER'S NAME: ATO BUILDING GROUP PHONE #: 910-620-3263
OWNER'S ADDRESS: 2206 ACACIA DR. CITY: WILMINGTON ZIP: 28403

CONTRACTOR: ATO BUILDING GROUP BLDG LICENSE #: 78074
ADDRESS: 2206 ACACIA DR. CITY: WILMINGTON ST: NC ZIP: 28403
EMAIL ADDRESS: Rudy@ATOBUILDING.COM PHONE: 910-620-3263

PROJECT CONTACT PERSON: Rudy Dombroski PHONE: 910-620-3263

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

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

- [ ] Att Garage (SF) [ ] Det Garage (SF) [ ] Porch (SF)
[ ] Sunroom (SF) [ ] Pool (SF) [ ] Storage Shed (SF)
[ ] Greenhouse (SF) [ ] Deck (SF) [X] Other (SF) 700 SQ FT AF-M130

Is the proposed work changing the existing footprint? [X] Yes [ ] No
TOTAL SQ FT UNDER ROOF (for proposed work) Heated: 2,335 Unheated: 400

TOTAL PROJECT COST (Less Lot): \$ 50,000

Is the proposed work changing the number of bedrooms? [X] Yes [ ] 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: RENOVATE INTERIOR OF EXISTING HOUSE AND ADD
28'-0" X 25'-0" ADDITION

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: ANTHONY DOMBROSKI Signature: [Signature]
"Licensed Qualifier" Print Name "Rudy"

Is the property located in a floodplain? [ ] Yes [X] No
Existing Impervious Area: 2500 Sq Ft Total Acres Disturbed: 0.1
New Impervious Area: 700 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: \$

# FLOOD ZONE

2018 1619



## NEW HANOVER COUNTY BUILDING PERMIT

18-195

APPLICATION TYPE: RESIDENTIAL

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

Application  
Number  
(office use)

APPLICANT'S NAME: ATO BUILDING GROUP Date: 01/22/18  
PROJECT ADDRESS: 217 BLACK BEARD ROAD WEST CITY: WILMINGTON ZIP: 28409  
SUBDIVISION: \_\_\_\_\_ LOT #: \_\_\_\_\_

PROPERTY OWNER'S NAME: ATO BUILDING GROUP PHONE #: 910-620-3263  
OWNER'S ADDRESS: 2206 ACACIA DR. CITY: WILMINGTON ZIP: 28403

CONTRACTOR: ATO BUILDING GROUP BLDG LICENSE #: \_\_\_\_\_  
ADDRESS: 2206 ACACIA DR. CITY: WILMINGTON ST: NC ZIP: 28403  
EMAIL ADDRESS: Rudy@ATOBUILDING.COM PHONE: 910-620-3263

PROJECT CONTACT PERSON: Rudy Dombroski PHONE: 910-620-3263

EXISTING CONSTRUCTION:  Alteration  Renovation  General Repairs

NEW CONSTRUCTION:  Erect New Residence  Addition to Existing Residence  Relocation

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

Att Garage (SF) \_\_\_\_\_  Det Garage (SF) \_\_\_\_\_  Porch (SF) \_\_\_\_\_  
 Sunroom (SF) \_\_\_\_\_  Pool (SF) \_\_\_\_\_  Storage Shed (SF) \_\_\_\_\_  
 Greenhouse (SF) \_\_\_\_\_  Deck (SF) 100 SQFT  Other (SF) 600 SQFT  
AEATFD

Is the proposed work changing the existing footprint?  Yes  No

TOTAL SQ FT UNDER ROOF (for proposed work) Heated: 1635 Unheated: 400

TOTAL PROJECT COST (Less Lot): \$ 50,000 BUILDING TAX VALUE \$ 123,000 BUILT 1971

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

# FLOOD ZONE

Property Use/ Occupancy:  Single Family  Duplex  Townhouse

Description of Work: RENOVATE INTERIOR OF EXISTING HOME AND ADD  
28'-0" X 25'-0" ADDITION

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: ANTHONY DOMBROSKI Signature: [Signature]  
"Licensed Qualifier" Print Name "Rudy" Effective Shaded   
Preliminary AE 12

Is the property located in a floodplain?  Yes  No

Existing Impervious Area: 2500 Sq Ft

Total Acres Disturbed: 0.1

New Impervious Area: 700 Sq Ft

Existing Land Disturbing Permit:  Yes  No

WATER:  CFPWA  Community System  Private Well  Central Well  Aqua

City Inspection Required, 910-254-0900

SEWER:  CFPWA  Community System  Private Septic  Central Septic  Aqua

Zone: R-15 Officer: EKF Setbacks (F) 30' (LH) 10' (RH) 10' (B) 25'

Approval: OK City: WILM Date: 2/9/18 Flood: (A) 2' (V) \_\_\_\_\_ (N) \_\_\_\_\_ BFE+2ft= 14'

Comment: See attached for permit conditions Permit Fee: \$ \_\_\_\_\_



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

2018-2861 <sup>18-823</sup>

Application Number (office use)

APPLICANT'S NAME: Stevens Building Company T/A Stevens Fine Homes Date: 3/9/18  
 PROJECT ADDRESS: 3011 N. Rocklund Court CITY: Wilmington ZIP: 28409  
 SUBDIVISION: The Creek at Willowick LOT #: 173

PROPERTY OWNER'S NAME: Stevens Building Company PHONE #: 910-794-8699  
 OWNER'S ADDRESS: 5710 Oleander Drive Suite 200 CITY: Wilmington ZIP: 28403

CONTRACTOR: Stevens Building Company BLDG LICENSE #: 31626  
 ADDRESS: 5710 Oleander Drive Suite 200 CITY: Wilmington ST: NC ZIP: 28403  
 EMAIL ADDRESS: snicholson@stevensfinehomes.com PHONE: 910-794-8699

PROJECT CONTACT PERSON: Staci Nicholson PHONE: 91-332-8515

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) 465  Det Garage (SF) \_\_\_\_\_  Porch (SF) 104  
 Sunroom (SF) \_\_\_\_\_  Pool (SF) \_\_\_\_\_  Storage Shed (SF) \_\_\_\_\_  
 Greenhouse (SF) \_\_\_\_\_  Deck (SF) \_\_\_\_\_  Other (SF) \_\_\_\_\_

21 MAR 18 8:22AM

Is the proposed work changing the existing footprint?  Yes  No  
 TOTAL SQ FT UNDER ROOF (for proposed work) Heated: 3034 Unheated: 569  
 TOTAL PROJECT COST (Less Lot): \$ 120,000

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: New Residential Construction

**City Engineering**  
**ROW Review**  
**Permit Required**

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

Owner/Contractor: Craig Stevens Signature: \_\_\_\_\_  
 "Licensed Qualifier" Print Name

Is the property located in a floodplain?  Yes  No  
 Existing Impervious Area: 2470 Sq Ft Total Acres Disturbed: 1/3  
 New Impervious Area: 2470 Sq Ft Existing Land Disturbing Permit:  Yes  No

\$1,349  
 60 prior  
 \$1,409

WATER:  CFPWA  Community System  Private Well  Central Well  Aqua  
 SEWER:  CFPWA  Community System  Private Septic  Central Septic  Aqua  
 Zone: R-1S Officer: DTB Setbacks (F) 10' (LH) 5' (RH) 5' (B) 5' City Inspection Required, 910-254-0900

Approval: OK City: LCM Date: 3/9/18 Flood: (A) \_\_\_\_\_ (V) \_\_\_\_\_ (N) X BFE+2ft= \_\_\_\_\_  
 Comment: Cluster subdivision; Must have at least 10' between structures Permit Fee: \$ \_\_\_\_\_

2018 2.9.00



# NEW HANOVER COUNTY BUILDING PERMIT

18-710

APPLICATION TYPE: RESIDENTIAL

PLEASE ANSWER ALL QUESTIONS APPLICABLE TO YOUR PROJECT

"Project Responsibility"

APPLICATION Number (Office Use)

APPLICANT'S NAME: Jason Ortiz DATE: 06Mar18  
 DEVELOPER: N/A PHONE #: \_\_\_\_\_  
 PROJECT ADDRESS: 4909 College Acres Dr. CITY: Wilmington ZIP: 28403  
 SUBDIVISION: \_\_\_\_\_ BLOCK #: \_\_\_\_\_ LOT #: \_\_\_\_\_  
 PROPERTY OWNER'S NAME: Fred Giles PHONE #: (910) 297-0845  
 OWNER'S ADDRESS: 4409 College Acres Dr. CITY: Wilmington ST: NC ZIP: 28403  
 CONTRACTOR: Cape Fear Solar Systems LICENSE #: 65677  
 ADDRESS: 901 Martin St. CITY: Wilmington ST: NC ZIP: 28401  
 EMAIL ADDRESS: support@capefearsolarsystems.com PHONE #: (910) 599-0428  
 PROJECT CONTACT PERSON: Jason Ortiz PHONE #: (910) 599-0428

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

TOTAL PROJECT COST (Less Lot) : \$ 48,291.00 # 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: Installation of solar electric panels on the roof of Mr. Giles' home.

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

OWNER/CONTRACTOR: Jason Ortiz SIGNATURE: [Signature]

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

IS THE PROPERTY LOCATED IN A FLOODPLAIN?  YES  NO tu

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

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

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

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

\*\*\*\*\*

(FOR OFFICE USE ONLY)

REVISED DATE 04/11/12

ZONE: R-15 OFFICER: TJM SETBACKS: F: N/A LH: N/A RH: N/A B: N/A  
 Approval: OK City: WILM DATE: 3/20/18 FLOOD: \_\_\_\_\_ BFE+2ft= \_\_\_\_\_  
 A V N

Comment: NO EXPANSION TO EXISTING FOOTPRINT PERMIT FEE: \$ \_\_\_\_\_

City Information Department 010-054-0000



2018-2900

18-710



# 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:** Jason Ortiz **DATE:** 06Mar18  
**DEVELOPER:** N/A **PHONE #:** \_\_\_\_\_  
**PROJECT ADDRESS:** 4909 College Acres Dr. **CITY:** Wilmington **ZIP:** 28403  
**SUBDIVISION:** \_\_\_\_\_ **BLOCK #:** \_\_\_\_\_ **LOT #:** \_\_\_\_\_  
**PROPERTY OWNER'S NAME:** Fred Giles **PHONE #:** (910) 297-0845  
**OWNER'S ADDRESS:** 4409 College Acres Dr. **CITY:** Wilmington **ST:** NC **ZIP:** 28403  
**CONTRACTOR:** Cape Fear Solar Systems **LICENSE #:** 65677  
**ADDRESS:** 901 Martin St. **CITY:** Wilmington **ST:** NC **ZIP:** 28401  
**EMAIL ADDRESS:** support@capefearsolarsystems.com **PHONE #:** (910) 599-0428  
**PROJECT CONTACT PERSON:** Jason Ortiz **PHONE #:** (910) 599-0428

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

TOTAL PROJECT COST (Less Lot) : \$ 48,291.00 # 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: Installation of solar electric panels on the roof of Mr. Giles' home.

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

OWNER/CONTRACTOR: Jason Ortiz SIGNATURE: [Signature]  
(Print Name)

IS THE PROPERTY LOCATED IN A FLOODPLAIN?  YES  NO

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

WATER:  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: \$ 85

2018-2597



Clear Form

Print

eMail

NEW HANOVER COUNTY BUILDING PERMIT

APPLICATION TYPE: COMMERCIAL

PLEASE ANSWER ALL QUESTIONS APPLICABLE TO YOUR PROJECT

"Project Responsibility"

18-396

APPLICATION Number (Office Use)

APPLICANT'S NAME: David Rabiner DATE: 2/19/18

DEVELOPER: NA PHONE #:

PROJECT ADDRESS: 713 N. 4th St Apt 102 CITY: Wilmington ZIP: 28401

OCCUPANT/BUSINESS NAME:

PROPERTY OWNER'S NAME: David Rabiner PHONE #: 919 684 9283

OWNER'S ADDRESS: 5 Dobbs Place CITY: Durham ST: NC ZIP: 27707

CONTRACTOR: NA David Rabiner LICENSE #: NA

ADDRESS: NA 5 Dobbs Place CITY: NA Durham ST: NC ZIP: 27707

EMAIL ADDRESS: NA drabiner@duke.edu PHONE #: 919 684 9283

PROJECT CONTACT PERSON: David Rabiner PHONE #:

(Check All That Apply)

EXIST CONSTRUCTION: [X] 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: See attached

If UPFIT - The Shell Permit #: Is Elect Power on this Building [X] Yes [ ] NO

\*\*\*\*\* IS THIS A CHANGE OF OCCUPANCY USE? [ ] YES [X] 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: David Rabiner 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: ~ \$250 BUILDING HEIGHT: 3 story # OF UNITS: 7

TOTAL AREA SQ FT: SQ FT PER FLR: # OF STORIES: See attached

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

ACRES DISTURBED: 0 EXST LAND DISTURBING PERMIT? [ ] YES [X] NO

NEW IMPERVIOUS AREA: NA SQ FT EXISTING IMPERVIOUS AREA: SQ FT

PROPERTY USE: [ ] OFFICE [ ] RESTAURANT [ ] MERCANTILE [ ] EDUC [ ] APT [X] 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: [X] CASH [ ] CHECK (PAYABLE TO NHC) [ ] AMERICAN EXPRESS [ ] MCVISA [ ] DISCOVER

(FOR OFFICE USE ONLY)

ZONE: OFFICER: SETBACKS: F: LH RH B

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

Comment PERMIT FEE: A V N

2018-2883

Lots



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

18-804

Application Number (office use)

APPLICANT'S NAME: Brett Bostic Date: 3/19/18  
PROJECT ADDRESS: 2237 Blue Bonnet Circle CITY: Castle Hayne ZIP: 28429  
SUBDIVISION: Rachels Place LOT#: 56

PROPERTY OWNER'S NAME: Bostic Building Corp PHONE#: 910 264 8578  
OWNER'S ADDRESS: 6622 A Gordon Rd CITY: W. Leno ZIP: 28411

CONTRACTOR: Same as above Bostic Building Corp BLDG LICENSE#: 55725  
ADDRESS: 6622 A Gordon Rd CITY: W. Leno ST: NC ZIP: 28411  
EMAIL ADDRESS: brett.bostic@ghob.com PHONE: 910 264 8578

PROJECT CONTACT PERSON: Brett Bostic PHONE: 910 264 8578

- 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) 439  Det Garage (SF) \_\_\_\_\_  Porch (SF) 142  
 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: 1611 Unheated: 57

TOTAL PROJECT COST (Less Lot): \$ 109,100

- 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 New SFR Plumbing Permit T pole Permit

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: Brett Bostic Signature:  
"Licensed Qualifier" Print Name: Brett Bostic

Is the property located in a floodplain?  Yes  No

Existing Impervious Area: \_\_\_\_\_ Sq Ft Total Acres Disturbed: 2 1/4  
New Impervious Area: 2945 Sq Ft Existing Land Disturbing Permit:  Yes  No

- WATER:  OFPUA  Community System  Private Well  Central Well  Aqua  
SEWER:  OFPUA  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: \$ \_\_\_\_\_

746

2018-2893

6+52



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

18-805

Application Number (office use)

APPLICANT'S NAME Brett Bostic Date: 2/13/18  
PROJECT ADDRESS 2253 Blue Bonnet Circle CITY: Castle Hayne ZIP: 28429  
SUBDIVISION: Rachels Place LOT#:

PROPERTY OWNER'S NAME Bostic Building Corp PHONE#: 910 264 8578  
OWNER'S ADDRESS 6622 A Gordon Rd CITY: W. Lenoir ZIP: 28411

CONTRACTOR Same as above Bostic Building Corp BLDG LICENSE#: 55725  
ADDRESS 6622 A Gordon Rd CITY: W. Lenoir ST: NC ZIP: 28411  
EMAIL ADDRESS brett.bostic@gbhd.com PHONE 910 264 8578

PROJECT CONTACT PERSON: Brett Bostic PHONE 910 264 8578

- 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) 429  Det Garage (SF) \_\_\_\_\_  Porch (SF) 142  
 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: 1611 Unheated: 57

TOTAL PROJECT COST (Less Lot): \$ 109,100

- 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 New SFR Plumbing Permit T pole Permit

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: Brett Bostic Signature:  
"Licensed Qualifier" Brett Bostic Print Name

Is the property located in a floodplain?  Yes  No  
Existing Impervious Area: \_\_\_\_\_ Sq Ft Total Acres Disturbed: 2 1/4  
New Impervious Area: 2945 Sq Ft Existing Land Disturbing Permit:  Yes  No

- WATER:  OFPUA  Community System  Private Well  Central Well  Aqua  
SEWER:  OFPUA  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: \$ 746





2018-2895

Lot 44

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

18-807  
Application Number  
(office use)

APPLICANT'S NAME Brett Bostic Date: \_\_\_\_\_  
PROJECT ADDRESS 2252 Blue Bonnet QTY: Castle Hayne ZIP: 28429  
SUBDIVISION: Rachels Place LOT#: 44

PROPERTY OWNER'S NAME Bostic Building Corp PHONE#: 910 264 8578  
OWNER'S ADDRESS 6622 A Gordon Rd QTY: W. Im ZIP: 28411

CONTRACTOR Same as above Bostic Building Corp BLDG LICENSE#: 55725  
ADDRESS 6622 A Gordon Rd QTY: W. Im ST: NC ZIP: 28411  
EMAIL ADDRESS brett.bostic@yahoo.com PHONE 910 264 8578

PROJECT CONTACT PERSON: Brett Bostic PHONE 910 264 8578

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) 474  Det Garage (SF) \_\_\_\_\_  Porch (SF) 99  
 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: 1676 Unheated: 573  
TOTAL PROJECT COST (Less Lot): \$ 115,900

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 New SFR Plumbing Permit T pole Permit

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: Brett Bostic Signature:  
"Licensed Qualifier" Brett Bostic Print Name

Is the property located in a floodplain?  Yes  No  
Existing Impervious Area: \_\_\_\_\_ Sq Ft Total Acres Disturbed: 2 1/4  
New Impervious Area: 2219 Sq Ft Existing Land Disturbing Permit:  Yes  No

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

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

1003 -





5-111B

2018-2874

# NEW HANOVER COUNTY BUILDING PERMIT

APPLICATION TYPE: COMMERCIAL

18-839  
APPLICATION  
Number  
(Office Use)

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

**APPLICANT'S NAME:** Dal-Knox, Inc **DATE:** 3/21/18  
**DEVELOPER:** Dal-Knox, Inc **PHONE #:** 910-763-5424  
**PROJECT ADDRESS:** 2955 Orville Wright Way - Suite 100 **CITY:** Wilmington **ZIP:** 28405  
**OCCUPANT/BUSINESS NAME:** Dave Thiesen (personal storage)  
**PROPERTY OWNER'S NAME:** Dal-Knox, Inc **PHONE #:** 910-763-5424  
**OWNER'S ADDRESS:** 2926 Boundary St - Suite 100 **CITY:** Wilmington **ST:** NC **ZIP:** 28405  
**CONTRACTOR:** Dal-Knox, Inc **LICENSE #:** 49512  
**ADDRESS:** 2926 Boundary St - Suite 100 **CITY:** Wilmington **ST:** NC **ZIP:** 28405  
**EMAIL ADDRESS:** Zack@reaganmanagement.com **PHONE #:** 910-763-5424  
**PROJECT CONTACT PERSON:** Zack Reagan **PHONE #:** 910-763-5424

(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 #: 2017-11124 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:** Michelle Ginnocchio PH: 910-342-0790 NC REG #: 7017  
**ENGR DESIGN PROFESSIONAL:** Rob Armstrong, PE PH: 910-876-0376 NC REG #: 25488

DESCRIPTION OF WORK: NO WORK TO BE DONE. ALL WORK COMPLETE AND INSPECTED UNDER SHELL PERMIT.

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: Zack Reagan 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: 0 BUILDING HEIGHT: 18 # OF UNITS: 1  
 TOTAL AREA SQ FT: 3600 SQ FT PER FLR: 3600 # OF STORIES: 1  
 TOTAL SQ FT UNDER ROOF: 10800 # OF STRUCTURES: 1 # OF FLOORS: 1

ACRES DISTURBED: 1.0 EXST LAND DISTURBING PERMIT?  YES  NO  
NEW IMPERVIOUS AREA: None SQ FT EXISTING IMPERVIOUS AREA: \_\_\_\_\_ SQ FT

PROPERTY USE:  OFFICE  RESTAURANT  MERCANTILE  EDUC  APT  CONDO  OTHER Office/Flex

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)

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

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

Comment \_\_\_\_\_ PERMIT FEE: 6160



# NEW HANOVER COUNTY BUILDING PERMIT

APPLICATION TYPE: COMMERCIAL

PLEASE ANSWER ALL QUESTIONS APPLICABLE TO YOUR PROJECT

## "Project Responsibility"

2018-2879  
18-842

APPLICATION Number (Office Use)

APPLICANT'S NAME: Dal-Knox, Inc DATE: 3/21/18  
 DEVELOPER: Dal-Knox, Inc PHONE #: 910-763-5424  
 PROJECT ADDRESS: 2955 Orville Wright Way - Suite 120 CITY: Wilmington ZIP: 28405  
 OCCUPANT/BUSINESS NAME: Media Master Liquidation (storage)  
 PROPERTY OWNER'S NAME: Dal-Knox, Inc PHONE #: 910-763-5424  
 OWNER'S ADDRESS: 2926 Boundary St - Suite 100 CITY: Wilmington ST: NC ZIP: 28405  
 CONTRACTOR: Dal-Knox, Inc LICENSE #: 49512  
 ADDRESS: 2926 Boundary St - Suite 100 CITY: Wilmington ST: NC ZIP: 28405  
 EMAIL ADDRESS: zack@reaganmanagement.com PHONE #: 910-763-5424  
 PROJECT CONTACT PERSON: Zack Reagan PHONE #: 910-763-5424

0288-822 1700

(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 #: 2017-11124 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: Michelle Ginnocchio PH: 910-342-0790 NC REG #: 7017  
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(Qualifier) (Print Name)

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

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

Comment \_\_\_\_\_ PERMIT FEE: 618