

city

ok to issue per  
New Plans - Stamped

RECEIVED SEP 11 2016

2017-10023

17-2943



# NEW HANOVER COUNTY BUILDING PERMIT

APPLICATION TYPE: SIGNS / BILLBOARDS

APPLICATION Number

PLEASE PRINT CLEARLY & ANSWER ALL QUESTIONS  
"Project Responsibility"

(Office Use)

APPLICANT'S NAME: September Signs DATE: 09/11/17

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

PROJECT ADDRESS: 703 N.Third Street CITY: Wilmington ZIP: 28401

OCCUPANT/BUSINESS NAME: Cape Fear Community College

PROPERTY OWNER'S NAME: Cape Fear Community Collegw PHONE #: 790-9490

OWNER'S ADDRESS: 411 N. Front street CITY: Wilmington ST: NC ZIP: 28401

CONTRACTOR: September Signs LICENSE #: \_\_\_\_\_

ADDRESS: 6731-4Amsterdam Way CITY: Wilmington ST: NC ZIP: 28405

EMAIL ADDRESS: bob@septembersigns.com PHONE #: \_\_\_\_\_

PROJECT CONTACT PERSON: Bob Nabors PHONE #: 791-9084

(CHECK ALL THAT APPLY)

- ERECT
- ALTER
- REPAIR
- ENLARGE
- CHANGE OUT

DESCRIPTION OF WORK: Install new Channel Letter sign on South Entrance

IS SIGN(S) ON OR OFF PREMISES?  ON  OFF

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: Bob Nabors SIGNATURE: \_\_\_\_\_

(Print Name)

\*\*\*\*\*

TYPE OF SIGN(S)

- FREESTANDING (Ground)
- MARQUEE
- PROJECTION
- ROOF
- SHINGLE
- WALL
- CANOPY
- OTHER

Total Number of Signs on this Project: \_\_\_\_\_

SIGN 1 Height: wall Sign Dimensions: 19" X 184" Total SQ.FT. of Sign: 48 sf

SIGN 2 Height: \_\_\_\_\_ Sign Dimensions: \_\_\_\_\_ X \_\_\_\_\_ Total SQ.FT. of Sign: \_\_\_\_\_

SIGN 3 Height: \_\_\_\_\_ Sign Dimensions: \_\_\_\_\_ X \_\_\_\_\_ Total SQ.FT. of Sign: \_\_\_\_\_

SIGN 4 Height: \_\_\_\_\_ Sign Dimensions: \_\_\_\_\_ X \_\_\_\_\_ Total SQ.FT. of Sign: \_\_\_\_\_

TOTAL PROJECT COST: \$ 7400 IS THE PROPERTY LOCATED IN A FLOODPLAIN?  Yes  No

\*\*\* 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 3/30/12

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

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

A V N

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

CZ  
R5

RECEIVED SEP 07 2017

2017-10025  
17-2904



# NEW HANOVER COUNTY BUILDING PERMIT

APPLICATION TYPE: SIGNS / BILLBOARDS

APPLICATION  
Number

PLEASE PRINT CLEARLY & ANSWER ALL QUESTIONS  
"Project Responsibility"

(Office Use)

APPLICANT'S NAME: September Signs DATE: 02/07/17  
 DEVELOPER: \_\_\_\_\_ PHONE #: 9107919084  
 PROJECT ADDRESS: 5309 Gingerwood Drive CITY: Wilmington ZIP: 28403  
 OCCUPANT/BUSINESS NAME: S&H Center  
 PROPERTY OWNER'S NAME: S&H Centre Development Corp PHONE #: \_\_\_\_\_  
 OWNER'S ADDRESS: P.O. Box 2889 CITY: Wilmington ST: NC ZIP: 28402  
 CONTRACTOR: September Signs LICENSE #: \_\_\_\_\_  
 ADDRESS: 6731-4 Amsterdam Way CITY: Wilmington ST: NC ZIP: 28405  
 EMAIL ADDRESS: will@septembersigns.com PHONE #: 9107919084  
 PROJECT CONTACT PERSON: Will Nabors PHONE #: 9107919084

(CHECK ALL THAT APPLY)

ERECT  ALTER  REPAIR  ENLARGE  CHANGE OUT

DESCRIPTION OF WORK: replacing building sign and refacing and repairing road sign

IS SIGN(S) ON OR OFF PREMISES?  ON  OFF

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: will nabors SIGNATURE: \_\_\_\_\_  
(Print Name)

\*\*\*\*\*

### TYPE OF SIGN(S)

FREESTANDING (Ground)  MARQUEE  PROJECTION  ROOF  
 SHINGLE  WALL  CANOPY  OTHER

Total Number of Signs on this Project: \_\_\_\_\_

SIGN 1 Height: 7' Sign Dimensions: 60 X 120 Total SQ.FT. of Sign: 50  
 SIGN 2 Height: 18' Sign Dimensions: 137" X 182" Total SQ.FT. of Sign: 173  
 SIGN 3 Height: \_\_\_\_\_ Sign Dimensions: \_\_\_\_\_ X \_\_\_\_\_ Total SQ.FT. of Sign: \_\_\_\_\_  
 SIGN 4 Height: \_\_\_\_\_ Sign Dimensions: \_\_\_\_\_ X \_\_\_\_\_ Total SQ.FT. of Sign: \_\_\_\_\_

TOTAL PROJECT COST: \$ 27000 IS THE PROPERTY LOCATED IN A FLOODPLAIN?  Yes  No

\*\*\* 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) REVISION DATE 3/30/12  
 ZONE: \_\_\_\_\_ OFFICER: \_\_\_\_\_ SETBACKS: F: \_\_\_\_\_ LH: \_\_\_\_\_ RH: \_\_\_\_\_ B: \_\_\_\_\_  
 Approval: \_\_\_\_\_ City: \_\_\_\_\_ DATE: \_\_\_\_\_ FLOOD: \_\_\_\_\_ BFE+2ft= \_\_\_\_\_  
 Comment: \_\_\_\_\_ PERMIT FEE: \$ \_\_\_\_\_

RS

2017-10025  
17-2904

RECEIVED SEP 15 2017



# NEW HANOVER COUNTY BUILDING PERMIT

APPLICATION TYPE: SIGNS / BILLBOARDS

APPLICATION  
Number  
  
(Office Use)

PLEASE PRINT CLEARLY & ANSWER ALL QUESTIONS  
"Project Responsibility"

APPLICANT'S NAME: September Signs DATE: 02/07/17  
 DEVELOPER: \_\_\_\_\_ PHONE #: 9107919084  
 PROJECT ADDRESS: 5309 Gingerwood Drive CITY: Wilmington ZIP: 28403  
 OCCUPANT/BUSINESS NAME: S&H Center  
 PROPERTY OWNER'S NAME: S&H Centre Development Corp PHONE #: \_\_\_\_\_  
 OWNER'S ADDRESS: P.O. Box 2889 CITY: Wilmington ST: NC ZIP: 28402  
 CONTRACTOR: September Signs LICENSE #: \_\_\_\_\_  
 ADDRESS: 6731-4 Amsterdam Way CITY: Wilmington ST: NC ZIP: 28405  
 EMAIL ADDRESS: will@septembersigns.com PHONE #: 9107919084  
 PROJECT CONTACT PERSON: Will Nabors PHONE #: 9107919084

(CHECK ALL THAT APPLY)

- ERECT  ALTER  REPAIR  ENLARGE  CHANGE OUT

DESCRIPTION OF WORK: replacing building sign and refacing and repairing road sign

IS SIGN(S) ON OR OFF PREMISES?  ON  OFF

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: will nabors SIGNATURE: [Signature]  
 (Print Name)

\*\*\*\*\*

TYPE OF SIGN(S)

- FREESTANDING (Ground)  MARQUEE  PROJECTION  ROOF  
 SHINGLE  WALL  CANOPY  OTHER

Total Number of Signs on this Project: \_\_\_\_\_

SIGN 1 Height: 7' Sign Dimensions: 60 X 120 Total SQ.FT. of Sign: 50  
 SIGN 2 Height: 18' Sign Dimensions: 137" X 182" Total SQ.FT. of Sign: 173  
 SIGN 3 Height: \_\_\_\_\_ Sign Dimensions: \_\_\_\_\_ X \_\_\_\_\_ Total SQ.FT. of Sign: \_\_\_\_\_  
 SIGN 4 Height: \_\_\_\_\_ Sign Dimensions: \_\_\_\_\_ X \_\_\_\_\_ Total SQ.FT. of Sign: \_\_\_\_\_

TOTAL PROJECT COST: \$ 27000 IS THE PROPERTY LOCATED IN A FLOODPLAIN?  Yes  No

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

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

\*\*\*\*\*

ZONE: RB OFFICER: DTG (FOR OFFICE USE ONLY) SETBACKS: F: 10' LH: N/A RH: N/A B: N/A REVISED DATE 3/30/12  
 Approval: OK City: ILM DATE: 9/14/17 FLOOD: \_\_\_\_\_ X \_\_\_\_\_ BFE+2ft= \_\_\_\_\_

Comment: Freestanding Monument sign must be PERMIT FEE: \$ 223  
Setback 10' From property line

City Inspection Required, 910-254-6900



\*OTC\*

2017-9981

19SEP 17 8:54AM

### 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: M.N. WEBB, LLC Date: 9-20-2017  
PROJECT ADDRESS: 1106 ANCHORS BEAD WAY CITY: WILMINGTON ZIP: 28411  
SUBDIVISION: \_\_\_\_\_ LOT #: \_\_\_\_\_

PROPERTY OWNER'S NAME: SARA SLOAN PHONE #: 910-820-8199  
OWNER'S ADDRESS: 1106 ANCHORS BEAD WAY CITY: WILMINGTON ZIP: 28411

CONTRACTOR: MNWEBB, LLC BLDG LICENSE #: 3401(34101)  
ADDRESS: 1001 MANGROVE COURT CITY: WILMINGTON ST: NC ZIP: 28419  
EMAIL ADDRESS: mnwebbllc@hotmail.com PHONE: 910-617-9882

PROJECT CONTACT PERSON: MICKEY WEBB PHONE: 910-617-9882

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) 484 BONUS ROOM FINISH

Is the proposed work changing the existing footprint?  Yes  No  
TOTAL SQ FT UNDER ROOF (for proposed work) Heated: 484 Unheated: \_\_\_\_\_

TOTAL PROJECT COST (Less Lot): \$ 5,000

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: FINISH BONUS ROOM WITH INSULATION

DRYWALL, TRIM, PAINT, CARPET.

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: M.N. WEBB, LLC 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

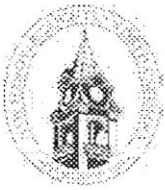
WATER:  CFPWA  Community System  Private Well  Central Well  Aqua  
SEWER:  CFPWA  Community System  Private Septic  Central Septic  Aqua

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

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

Comment: \_\_\_\_\_ Permit Fee: \$ 75.00

OK w/ zoning  
CMB



Clear Form

Print



2017-9985  
17-2976  
13SEP 17 12:39PM

# 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: Caviness & Cates Building and Development Company Date: 9/13/17  
PROJECT ADDRESS: 10124 Sweet Gum Drive CITY: Wilmington ZIP: 28409  
SUBDIVISION: Tarin Woods II LOT #: 31

PROPERTY OWNER'S NAME: Caviness & Cates Building and Development Company PHONE #: (910) 778-7902  
OWNER'S ADDRESS: 639 Executive Place Ste 400 CITY: Fayetteville ZIP: 28305

CONTRACTOR: Caviness & Cates Building and Development Company BLDG LICENSE #: 61272  
ADDRESS: 639 Executive Place Ste 400 CITY: Fayetteville ST: NC ZIP: 28305  
EMAIL ADDRESS: pam@cavinessandcates.com PHONE: (910) 778-7902

PROJECT CONTACT PERSON: Stephen Dean PHONE: (910) 237-6731

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) 462  Det Garage (SF)  Porch (SF) 291  
 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: 3060 Unheated: 753  
TOTAL PROJECT COST (Less Lot): \$ 229,000

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

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: Pamela Geddie for Caviness & Cates Signature: Pamela M Geddie  
"Licensed Qualifier" Print Name

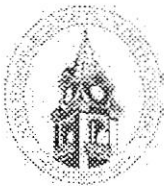
Is the property located in a floodplain?  Yes  No

Existing Impervious Area: \_\_\_\_\_ Sq Ft Total Acres Disturbed: .205±  
New Impervious Area: 2912± 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: \$ 1753.00



Clear Form

Print



2017-9987  
13 SEP 17 12:39 PM

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

17-2977  
Application  
Number  
(office use)

APPLICANT'S NAME: Caviness & Cates Building and Development Company Date: 9/13/17  
PROJECT ADDRESS: 6128 Sweet Gum Drive CITY: Wilmington ZIP: 28409  
SUBDIVISION: Tarin Woods II LOT #: 30

PROPERTY OWNER'S NAME: Caviness & Cates Building and Development Company PHONE #: (910) 778-7902  
OWNER'S ADDRESS: 639 Executive Place Ste 400 CITY: Fayetteville ZIP: 28305

CONTRACTOR: Caviness & Cates Building and Development Company BLDG LICENSE #: 61272  
ADDRESS: 639 Executive Place Ste 400 CITY: Fayetteville ST: NC ZIP: 28305  
EMAIL ADDRESS: pam@cavinessandcates.com PHONE: (910) 778-7902

PROJECT CONTACT PERSON: Stephen Dean PHONE: (910) 237-6731

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) 457  Det Garage (SF) \_\_\_\_\_  Porch (SF) 327  
 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: 3,149 Unheated: 784

TOTAL PROJECT COST (Less Lot): \$ 236,000

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

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: Pamela Geddie for Caviness & Cates Signature: Pamela M Geddie  
"Licensed Qualifier" Print Name

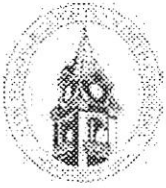
Is the property located in a floodplain?  Yes  No

Existing Impervious Area: \_\_\_\_\_ Sq Ft Total Acres Disturbed: .187±  
New Impervious Area: 3,027± 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: \$ 1,806.00



Clear Form

Print



2017-9990  
13SEP 17 12:38PM

# NEW HANOVER COUNTY BUILDING PERMIT

## APPLICATION TYPE: RESIDENTIAL

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

17-2978  
Application Number (office use)

APPLICANT'S NAME: Caviness & Cates Building and Development Company Date: 9/13/17  
PROJECT ADDRESS: 6129 Sweet Gum Drive CITY: Wilmington ZIP: 28409  
SUBDIVISION: Tarin Woods II LOT #: 13

PROPERTY OWNER'S NAME: Caviness & Cates Building and Development Company PHONE #: (910) 778-7902  
OWNER'S ADDRESS: 639 Executive Place Ste 400 CITY: Fayetteville ZIP: 28305

CONTRACTOR: Caviness & Cates Building and Development Company BLDG LICENSE #: 61272  
ADDRESS: 639 Executive Place Ste 400 CITY: Fayetteville ST: NC ZIP: 28305  
EMAIL ADDRESS: pam@cavinessandcates.com PHONE: (910) 778-7902

PROJECT CONTACT PERSON: Stephen Dean PHONE: (910) 237-6731

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) 462  Det Garage (SF) \_\_\_\_\_  Porch (SF) 315  
 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: 2635 Unheated: 777  
TOTAL PROJECT COST (Less Lot): \$ 205,000

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

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: Pamela Geddie for Caviness & Cates Signature: Pamela M Geddie  
"Licensed Qualifier" Print Name

Is the property located in a floodplain?  Yes  No  
Existing Impervious Area: \_\_\_\_\_ Sq Ft Total Acres Disturbed: .200±  
New Impervious Area: 3,424± 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: \$ 1576.00



Clear Form

Print



2017-9992  
13SEP 17 12:48PM  
~~12-2979~~  
Application Number (office use)

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

APPLICANT'S NAME: Caviness & Cates Building and Development Company Date: 9/13/17  
PROJECT ADDRESS: 1124 Conroy Way CITY: Wilmington ZIP: 28409  
SUBDIVISION: Tarin Woods II LOT #: 36

PROPERTY OWNER'S NAME: Caviness & Cates Building and Development Company PHONE #: (910) 778-7902  
OWNER'S ADDRESS: 639 Executive Place Ste 400 CITY: Fayetteville ZIP: 28305

CONTRACTOR: Caviness & Cates Building and Development Company BLDG LICENSE #: 61272  
ADDRESS: 639 Executive Place Ste 400 CITY: Fayetteville ST: NC ZIP: 28305  
EMAIL ADDRESS: pam@cavinessandcates.com PHONE: (910) 778-7902

PROJECT CONTACT PERSON: Stephen Dean PHONE: (910) 237-6731

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) 438  Det Garage (SF) \_\_\_\_\_  Porch (SF) 370  
 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: 2845 Unheated: 808  
TOTAL PROJECT COST (Less Lot): \$ 219,000

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

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: Pamela Geddie for Caviness & Cates Signature: Pamela M Geddie  
"Licensed Qualifier" Print Name

Is the property located in a floodplain?  Yes  No  
Existing Impervious Area: \_\_\_\_\_ Sq Ft Total Acres Disturbed: 2.05±  
New Impervious Area: 3,311± 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: \$ 1682.00





NEW HANOVER COUNTY BUILDING PERMIT
APPLICATION TYPE: RESIDENTIAL

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

2017-9945
17-2983

Application Number (office use)

APPLICANT'S NAME: Bill Clark Homes of Wilmington, LLC Date: 09/14/2017
PROJECT ADDRESS: 2216 Lakeside Circle CITY: Wilmington ZIP: 28401
SUBDIVISION: Hanover Lakes LOT #: 204

PROPERTY OWNER'S NAME: Bill Clark Homes of Wilmington, LLC PHONE #: 910.350.1744
OWNER'S ADDRESS: 127 Racine Drive, Suite 201 CITY: Wilmington ZIP: 28403

CONTRACTOR: Bill Clark Homes of Wilmington, LLC BLDG LICENSE #: 34586
ADDRESS: 127 Racine Drive, Suite 201 CITY: Wilmington ST: NC ZIP: 28403
EMAIL ADDRESS: cbain@billclarkhomes.com PHONE: 910.350.1744

PROJECT CONTACT PERSON: Courtney Bain PHONE: 910.350.1744

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) 448 [ ] Det Garage (SF) [ ] Porch (SF) F-152 Covered-124
[ ] Sunroom (SF) [ ] Pool (SF) [ ] Storage Shed (SF)
[ ] Greenhouse (SF) [ ] Deck (SF) [x] Other (SF) patio-90

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

TOTAL SQ FT UNDER ROOF (for proposed work) Heated: 1519 Unheated: 724

TOTAL PROJECT COST (Less Lot): \$ 107,625

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

Property Use/ Occupancy: [x] Single Family [ ] Duplex [ ] Townhouse
Description of Work: new construction of 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: Courtney Bain Signature: Courtney Bain
"Licensed Qualifier" Print Name

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

Existing Impervious Area: Sq Ft Total Acres Disturbed: 0.115
New Impervious Area: 2,630 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: \$ 1,200.00

\*DISCLAIMER: SUBMITTING THIS APPLICATION MEANS THAT THE SUBMITTAL CHARGE IS NON-REFUNDABLE

2000-1102

HL 204



NEW HANOVER COUNTY  
DEPARTMENT OF BUILDING SAFETY  
230 GOVERNMENT CENTER DRIVE - SUITE 170  
WILMINGTON, NORTH CAROLINA 28403  
Telephone: 910.798.7308 Fax: 910.798.7811  
Internet: www.nhcgov.com

**4 to 7 WORKING DAYS TURNAROUND TIME FOR PERMIT ISSUANCE**

**STATEMENT OF UNDERSTANDING**

I, Courtney Bain for Bill Clark Homes of Wilmington, am submitting an application for a **residential** building permit to New Hanover County. **And, as the applicant or person submitting the application, I check the box/boxes below to acknowledge that:**

**I have attached** an official CFPUA receipt or document that has acknowledged an approval of the payment made to CFPUA.

**I have attached** an official proof of a Zoning sign-off from the City of Wilmington, for this work that will be done in the City of Wilmington.

**I have attached** an official proof of an approval granted by the New Hanover County Environmental Health Department, for this work that requires an approval from Environmental Health.

**If the application is correct and complete with the required drawings, and if there are no corrections or revisions to plans and drawings, and if there are no further clarifications required by New Hanover County; New Hanover County can guarantee that the building permit will be issued within 4 (four) to 7 (seven) working days after the official submittal date/time (the stamped date/time notation made by the Building Safety Department on the application or submittal document). I understand that the 4 (four) to 7 (seven) working days only begins when the application is submitted prior to 4:30 pm on any working-day.**

**Signed in acknowledgment:**

Courtney Bain

09/14/2017

Signature

Printed Name

Date

Address for the proposed residential work:

2216 Lakeside Circle



Clear Form

Print



2017-9983  
13SEP 17 12:38PM

17-2974

# 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: Caviness & Cates Building and Development Company Date: 9/13/17  
PROJECT ADDRESS: 6125 Sweet Gum Drive CITY: Wilmington ZIP: 28409  
SUBDIVISION: Tarin Woods II LOT #: 14

PROPERTY OWNER'S NAME: Caviness & Cates Building and Development Company PHONE #: (910) 778-7902  
OWNER'S ADDRESS: 639 Executive Place Ste 400 CITY: Fayetteville ZIP: 28305

CONTRACTOR: Caviness & Cates Building and Development Company BLDG LICENSE #: 61272  
ADDRESS: 639 Executive Place Ste 400 CITY: Fayetteville ST: NC ZIP: 28305  
EMAIL ADDRESS: pam@cavinessandcates.com PHONE: (910) 778-7902

PROJECT CONTACT PERSON: Stephen Dean PHONE: (910) 237-6731

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) 550  Det Garage (SF) \_\_\_\_\_  Porch (SF) 412  
 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: 2965 Unheated: 962  
TOTAL PROJECT COST (Less Lot): \$ 236,000

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

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: Pamela Geddie for Caviness & Cates Signature: Pamela M Geddie  
"Licensed Qualifier" Print Name

Is the property located in a floodplain?  Yes  No  
Existing Impervious Area: \_\_\_\_\_ Sq Ft Total Acres Disturbed: .205±  
New Impervious Area: 3830± 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: \$ 1803.00

9-18-17



# NEW HANOVER COUNTY BUILDING PERMIT

APPLICATION TYPE: **COMMERCIAL**

PLEASE ANSWER ALL QUESTIONS APPLICABLE TO YOUR PROJECT

## "Project Responsibility"

2017-9977  
13 SEP 17 4:03 PM

APPLICATION Number (Office Use)

APPLICANT'S NAME: Timothy Barnes DATE: 9/13/17  
 DEVELOPER: \_\_\_\_\_ PHONE #: 919-920-4212  
 PROJECT ADDRESS: 201 Chestnut St. "Downtown" CITY: Wilmington ZIP: \_\_\_\_\_  
 OCCUPANT/BUSINESS NAME: NHC Library Parking Deck  
 PROPERTY OWNER'S NAME: New Hanover County PHONE #: 910-998-4319  
 OWNER'S ADDRESS: 200 Division Dr. CITY: Wilmington ST: NC ZIP: 28401  
 CONTRACTOR: Nationwide Electrical Services, Inc. LICENSE #: 15521-U  
 ADDRESS: 708 N. William St. CITY: Goldshoro ST: NC ZIP: 27530  
 EMAIL ADDRESS: tim@nationwide-electric.com PHONE #: 919-736-2655  
 PROJECT CONTACT PERSON: Tim Barnes PHONE #: 919-920-4212

(Check All That Apply)

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

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

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

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

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

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

DESCRIPTION OF WORK: Replacing Parking Deck lights w/new

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: Timothy Barnes SIGNATURE: Timothy Barnes  
(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 (NESHA) 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: 28K BUILDING HEIGHT: \_\_\_\_\_ # OF UNITS: \_\_\_\_\_  
 TOTAL AREA SQ FT: \_\_\_\_\_ SQ FT PER FLR: \_\_\_\_\_ # OF STORIES: \_\_\_\_\_  
 TOTAL SQ FT UNDER ROOF: \_\_\_\_\_ # OF STRUCTURES: \_\_\_\_\_ # OF FLOORS: \_\_\_\_\_

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

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

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

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

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

(FOR OFFICE USE ONLY)

REVISED DATE 4/11/12

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

A V N

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

replace expired permit 11-11527

RECEIVED SEP 19 2017

2017-9997



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: Highland Roofing Company DATE: 09/18/2017
DEVELOPER: N/A PHONE #:
PROJECT ADDRESS: 7000 Cape Harbor Drive CITY: Wilmington ZIP: 28411
OCCUPANT/BUSINESS NAME: Cape Harbor Apartment Homes
PROPERTY OWNER'S NAME: Cape Harbor Apts./Bell Partners PHONE #: 910-392-5411
OWNER'S ADDRESS: 7113 Cape Harbor Drive CITY: Wilmington ST: NC ZIP: 28411
CONTRACTOR: Highland Roofing Company LICENSE #: NC 67180 ACCOUNT #:
ADDRESS: 4310 Deer Creek Lane CITY: Wilmington ST: NC ZIP: 28405
EMAIL ADDRESS: Admin@highlandroofingcompany.com PHONE #: 910-798-0155
PROJECT CONTACT PERSON: Iain Fergusson PHONE #: 910-789-0155

(Check All That Apply)

EXIST CONSTRUCTION: ALTERATION RENOVATION GENERAL REPAIRS RELOCATION
If Relocation, is there a Natural Gas Line on the Current Site? Yes No IS BLDG SPRINKLERED? Yes No
NEW CONSTRUCTION: ERECT NEW STRUCTURE FAST TRACK SHELL UPFIT ADD TO EXIST STRUCTURE
ACCESSORY STRUCTURE:

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

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

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

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

DESCRIPTION OF WORK: Shingle Replacement/ Inspection

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: Highland Roofing Company SIGNATURE:
(Qualifier) (Print Name)

Note: Demolition notifications & asbestos removal permit applications are to be submitted using the application form (DHPS-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: 13857 BUILDING HEIGHT: # OF UNITS:
TOTAL AREA SQ FT: 8000 SQ FT PER FLR: # OF STORIES: 3
TOTAL SQ FT UNDER ROOF: 8000 # OF STRUCTURES: # OF FLOORS: 3

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) BILL ACCOUNT MC/VISA DISCOVER

(FOR OFFICE USE ONLY)

REVISED DATE 4/11/12

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

A V N

Comment PERMIT FEE: \$

RECEIVED SEP 19 2017

2017-9998

Replaces permit 11-11529 expired



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: Highland Roofing Company DATE: 09/18/2017
DEVELOPER: N/A PHONE #:
PROJECT ADDRESS: 7004 Cape Harbor Drive CITY: Wilmington ZIP: 28411
OCCUPANT/BUSINESS NAME: Cape Harbor Apartment Homes
PROPERTY OWNER'S NAME: Cape Harbor Apts./Bell Partners PHONE #: 910-392-5411
OWNER'S ADDRESS: 7113 Cape Harbor Drive CITY: Wilmington ST: NC ZIP: 28411
CONTRACTOR: Highland Roofing Company LICENSE #: NC 67180 ACCOUNT #:
ADDRESS: 4310 Deer Creek Lane CITY: Wilmington ST: NC ZIP: 28405
EMAIL ADDRESS: Admin@highlandroofingcompany.com PHONE #: 910-798-0155
PROJECT CONTACT PERSON: Iain Fergusson PHONE #: 910-789-0155

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

DESCRIPTION OF WORK: Shingle Replacement/ Inspection

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: Highland Roofing Company 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: 13857 BUILDING HEIGHT: # OF UNITS:
TOTAL AREA SQ FT : 8000 SQ FT PER FLR: # OF STORIES: 3
TOTAL SQ FT UNDER ROOF: 8000 # OF STRUCTURES: # OF FLOORS: 3

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) BILL ACCOUNT MCVISA DISCOVER

(FOR OFFICE USE ONLY)

REVISED DATE 4/11/12

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

Comment PERMIT FEE: \$

replaces expired # 11-1532

RECEIVED SEP 19 2017

2017-9999



# 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: Highland Roofing Company DATE: 09/18/2017  
 DEVELOPER: N/A PHONE #: \_\_\_\_\_  
 PROJECT ADDRESS: 7100 Cape Harbor Drive CITY: Wilmington ZIP: 28411  
 OCCUPANT/BUSINESS NAME: Cape Harbor Apartment Homes  
 PROPERTY OWNER'S NAME: Cape Harbor Apts./Bell Partners PHONE #: 910-392-5411  
 OWNER'S ADDRESS: 7113 Cape Harbor Drive CITY: Wilmington ST: NC ZIP: 28411  
 CONTRACTOR: Highland Roofing Company LICENSE #: NC 67180 ACCOUNT #: \_\_\_\_\_  
 ADDRESS: 4310 Deer Creek Lane CITY: Wilmington ST: NC ZIP: 28405  
 EMAIL ADDRESS: Admin@highlandroofingcompany.com PHONE #: 910-798-0155  
 PROJECT CONTACT PERSON: Iain Fergusson PHONE #: 910-789-0155

(Check All That Apply)

EXIST CONSTRUCTION:  ALTERATION  RENOVATION  GENERAL REPAIRS  RELOCATION  
 If Relocation, is there a Natural Gas Line on the Current Site?  Yes  No IS BLDG SPRINKLERED?  Yes  No  
 NEW CONSTRUCTION:  ERECT NEW STRUCTURE  FAST TRACK  SHELL  UPFIT  ADD TO EXIST STRUCTURE  
 ACCESSORY STRUCTURE: \_\_\_\_\_  
 If UPFIT - The Shell Permit #: \_\_\_\_\_ Is Elect Power on this Building  Yes  NO  
 \*\*\*\*\* IS THIS A CHANGE OF OCCUPANCY USE?  YES  NO \*\*\*\*\*  
 If Yes, what was the Previous Occupancy Type? \_\_\_\_\_ What is the New Occupancy Type? \_\_\_\_\_

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

DESCRIPTION OF WORK: Shingle Replacement/ Inspection

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: Highland Roofing Company SIGNATURE: \_\_\_\_\_  
(Qualifier) (Print Name)

Note: Demolition notifications & asbestos removal permit applications are to be submitted using the application form (DHFS-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: 13857 BUILDING HEIGHT: \_\_\_\_\_ # OF UNITS: \_\_\_\_\_  
 TOTAL AREA SQ FT : 8000 SQ FT PER FLR: \_\_\_\_\_ # OF STORIES: 3  
 TOTAL SQ FT UNDER ROOF: 8000 # OF STRUCTURES: \_\_\_\_\_ # OF FLOORS: 3

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)  BILL ACCOUNT  MC/VISA  DISCOVER

\*\*\*\*\*

(FOR OFFICE USE ONLY)

REVISED DATE 4/11/12

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

repl expired permit  
11-11533

RECEIVED SEP 19 2017

2017-10000



# 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: Highland Roofing Company DATE: 09/18/2017  
 DEVELOPER: N/A PHONE #: \_\_\_\_\_  
 PROJECT ADDRESS: 7105 Cape Harbor Drive CITY: Wilmington ZIP: 28411  
 OCCUPANT/BUSINESS NAME: Cape Harbor Apartment Homes  
 PROPERTY OWNER'S NAME: Cape Harbor Apts./Bell Partners PHONE #: 910-392-5411  
 OWNER'S ADDRESS: 7113 Cape Harbor Drive CITY: Wilmington ST: NC ZIP: 28411  
 CONTRACTOR: Highland Roofing Company LICENSE #: NC 67180 ACCOUNT #: \_\_\_\_\_  
 ADDRESS: 4310 Deer Creek Lane CITY: Wilmington ST: NC ZIP: 28405  
 EMAIL ADDRESS: Admin@highlandroofingcompany.com PHONE #: 910-798-0155  
 PROJECT CONTACT PERSON: Iain Fergusson PHONE #: 910-789-0155

(Check All That Apply)

EXIST CONSTRUCTION:  ALTERATION  RENOVATION  GENERAL REPAIRS  RELOCATION  
 If Relocation, is there a Natural Gas Line on the Current Site?  Yes  No IS BLDG SPRINKLERED?  Yes  No  
 NEW CONSTRUCTION:  ERECT NEW STRUCTURE  FAST TRACK  SHELL  UPFIT  ADD TO EXIST STRUCTURE  
 ACCESSORY STRUCTURE: \_\_\_\_\_

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

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

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

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

DESCRIPTION OF WORK: Shingle Replacement/ Inspection

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: Highland Roofing Company 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: 13857 BUILDING HEIGHT: \_\_\_\_\_ # OF UNITS: \_\_\_\_\_  
 TOTAL AREA SQ FT : 8000 SQ FT PER FLR: \_\_\_\_\_ # OF STORIES: 3  
 TOTAL SQ FT UNDER ROOF: 8000 # OF STRUCTURES: \_\_\_\_\_ # OF FLOORS: 3

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)  BILL ACCOUNT  MC/VISA  DISCOVER

\*\*\*\*\*

(FOR OFFICE USE ONLY)

REVISED DATE 4/11/12

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



Replaces expired # 11-11534

RECEIVED SEP 19 2017

2017-10002



# 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: Highland Roofing Company DATE: 09/18/2017  
 DEVELOPER: N/A PHONE #: \_\_\_\_\_  
 PROJECT ADDRESS: 7106 Cape Harbor Drive CITY: Wilmington ZIP: 28411  
 OCCUPANT/BUSINESS NAME: Cape Harbor Apartment Homes  
 PROPERTY OWNER'S NAME: Cape Harbor Apts./Bell Partners PHONE #: 910-392-5411  
 OWNER'S ADDRESS: 7113 Cape Harbor Drive CITY: Wilmington ST: NC ZIP: 28411  
 CONTRACTOR: Highland Roofing Company LICENSE #: NC 67180 ACCOUNT #: \_\_\_\_\_  
 ADDRESS: 4310 Deer Creek Lane CITY: Wilmington ST: NC ZIP: 28405  
 EMAIL ADDRESS: Admin@highlandroofingcompany.com PHONE #: 910-798-0155  
 PROJECT CONTACT PERSON: Iain Fergusson PHONE #: 910-789-0155

(Check All That Apply)

EXIST CONSTRUCTION:  ALTERATION  RENOVATION  GENERAL REPAIRS  RELOCATION  
 If Relocation, is there a Natural Gas Line on the Current Site?  Yes  No IS BLDG SPRINKLERED?  Yes  No  
 NEW CONSTRUCTION:  ERECT NEW STRUCTURE  FAST TRACK  SHELL  UPFIT  ADD TO EXIST STRUCTURE  
 ACCESSORY STRUCTURE: \_\_\_\_\_

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

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

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

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

DESCRIPTION OF WORK: Shingle Replacement/ Inspection

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: Highland Roofing Company SIGNATURE: \_\_\_\_\_  
(Qualifier) (Print Name)

Note: Demolition notifications & asbestos removal permit applications are to be submitted using the application form (DHS-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: 13857 BUILDING HEIGHT: \_\_\_\_\_ # OF UNITS: \_\_\_\_\_  
 TOTAL AREA SQ FT: 8000 SQ FT PER FLR: \_\_\_\_\_ # OF STORIES: 3  
 TOTAL SQ FT UNDER ROOF: 8000 # OF STRUCTURES: \_\_\_\_\_ # OF FLOORS: 3

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)  BILL ACCOUNT  MC/VISA  DISCOVER

\*\*\*\*\*

(FOR OFFICE USE ONLY)

REVISED DATE 4/11/12

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

A V N

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

replaces expired # 11-11535

RECEIVED SEP 19 2017

2017-10005



# 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: Highland Roofing Company DATE: 09/18/2017  
 DEVELOPER: N/A PHONE #: \_\_\_\_\_  
 PROJECT ADDRESS: 7109 Cape Harbor Drive CITY: Wilmington ZIP: 28411  
 OCCUPANT/BUSINESS NAME: Cape Harbor Apartment Homes  
 PROPERTY OWNER'S NAME: Cape Harbor Apts./Bell Partners PHONE #: 910-392-5411  
 OWNER'S ADDRESS: 7113 Cape Harbor Drive CITY: Wilmington ST: NC ZIP: 28411  
 CONTRACTOR: Highland Roofing Company LICENSE #: NC 67180 ACCOUNT #: \_\_\_\_\_  
 ADDRESS: 4310 Deer Creek Lane CITY: Wilmington ST: NC ZIP: 28405  
 EMAIL ADDRESS: Admin@highlandroofingcompany.com PHONE #: 910-798-0155  
 PROJECT CONTACT PERSON: Iain Fergusson PHONE #: 910-789-0155

(Check All That Apply)

EXIST CONSTRUCTION:  ALTERATION  RENOVATION  GENERAL REPAIRS  RELOCATION  
 If Relocation, is there a Natural Gas Line on the Current Site?  Yes  No IS BLDG SPRINKLERED?  Yes  No  
 NEW CONSTRUCTION:  ERECT NEW STRUCTURE  FAST TRACK  SHELL  UPFIT  ADD TO EXIST STRUCTURE  
 ACCESSORY STRUCTURE: \_\_\_\_\_

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

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

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

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

DESCRIPTION OF WORK: Shingle Replacement/ Inspection

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: Highland Roofing Company SIGNATURE: \_\_\_\_\_  
 (Qualifier) (Print Name)

Note: Demolition notifications & asbestos removal permit applications are to be submitted using the application form (DPHS-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: 13857 BUILDING HEIGHT: \_\_\_\_\_ # OF UNITS: \_\_\_\_\_  
 TOTAL AREA SQ FT: 8000 SQ FT PER FLR: \_\_\_\_\_ # OF STORIES: 3  
 TOTAL SQ FT UNDER ROOF: 8000 # OF STRUCTURES: \_\_\_\_\_ # OF FLOORS: 3

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)  BILL ACCOUNT  MC/VISA  DISCOVER

\*\*\*\*\*

(FOR OFFICE USE ONLY)

REVISED DATE 4/11/12

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

replaces expired permit 11-1536

2017-10007

RECEIVED SEP 19 2017



# 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: Highland Roofing Company DATE: 09/18/2017  
 DEVELOPER: N/A PHONE #: \_\_\_\_\_  
 PROJECT ADDRESS: 7113 Cape Harbor Drive CITY: Wilmington ZIP: 28411  
 OCCUPANT/BUSINESS NAME: Cape Harbor Apartment Homes  
 PROPERTY OWNER'S NAME: Cape Harbor Apts./Bell Partners PHONE #: 910-392-5411  
 OWNER'S ADDRESS: 7113 Cape Harbor Drive CITY: Wilmington ST: NC ZIP: 28411  
 CONTRACTOR: Highland Roofing Company LICENSE #: NC 67180 ACCOUNT #: \_\_\_\_\_  
 ADDRESS: 4310 Deer Creek Lane CITY: Wilmington ST: NC ZIP: 28405  
 EMAIL ADDRESS: Admin@highlandroofingcompany.com PHONE #: 910-798-0155  
 PROJECT CONTACT PERSON: Iain Fergusson PHONE #: 910-789-0155

(Check All That Apply)

EXIST CONSTRUCTION:  ALTERATION  RENOVATION  GENERAL REPAIRS  RELOCATION  
 If Relocation, is there a Natural Gas Line on the Current Site?  Yes  No IS BLDG SPRINKLERED?  Yes  No  
 NEW CONSTRUCTION:  ERECT NEW STRUCTURE  FAST TRACK  SHELL  UPFIT  ADD TO EXIST STRUCTURE  
 ACCESSORY STRUCTURE: \_\_\_\_\_

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

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

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

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

DESCRIPTION OF WORK: Shingle Replacement/ Inspection

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: Highland Roofing Company 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: 13857 BUILDING HEIGHT: \_\_\_\_\_ # OF UNITS: \_\_\_\_\_  
 TOTAL AREA SQ FT: 8000 SQ FT PER FLR: \_\_\_\_\_ # OF STORIES: 3  
 TOTAL SQ FT UNDER ROOF: 8000 # OF STRUCTURES: \_\_\_\_\_ # OF FLOORS: 3

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)  BILL ACCOUNT  MC/VISA  DISCOVER

(FOR OFFICE USE ONLY)

REVISED DATE 4/11/12

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

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

replace expired 11-11505

RECEIVED SEP 19 2017

2017-10011



# 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: Highland Roofing Company DATE: 09/18/2017  
 DEVELOPER: N/A Deacon Ln PHONE #: \_\_\_\_\_  
 PROJECT ADDRESS: 6900 Cape Harbor Drive CITY: Wilmington ZIP: 28411  
 OCCUPANT/BUSINESS NAME: Cape Harbor Apartment Homes  
 PROPERTY OWNER'S NAME: Cape Harbor Apts./Bell Partners PHONE #: 910-392-5411  
 OWNER'S ADDRESS: 7113 Cape Harbor Drive CITY: Wilmington ST: NC ZIP: 28411  
 CONTRACTOR: Highland Roofing Company LICENSE #: NC 67180 ACCOUNT #: \_\_\_\_\_  
 ADDRESS: 4310 Deer Creek Lane CITY: Wilmington ST: NC ZIP: 28405  
 EMAIL ADDRESS: Admin@highlandroofingcompany.com PHONE #: 910-798-0155  
 PROJECT CONTACT PERSON: Iain Fergusson PHONE #: 910-789-0155

(Check All That Apply)

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

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

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

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

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

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

DESCRIPTION OF WORK: Shingle Replacement/ Inspection

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: Highland Roofing Company SIGNATURE: \_\_\_\_\_  
 (Qualifier) (Print Name)

Note: Demolition notifications & asbestos removal permit applications are to be submitted using the application form (DH-16-3768) 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: 13857 BUILDING HEIGHT: \_\_\_\_\_ # OF UNITS: \_\_\_\_\_  
 TOTAL AREA SQ FT : 8000 SQ FT PER FLR: \_\_\_\_\_ # OF STORIES: 3  
 TOTAL SQ FT UNDER ROOF: 8000 # OF STRUCTURES: \_\_\_\_\_ # OF FLOORS: 3

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)  BILL ACCOUNT  MC/VISA  DISCOVER

(FOR OFFICE USE ONLY)

REVISED DATE 4/11/12

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

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

Replace expired 11-11524

2017-10012

RECEIVED SEP 19 2017



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: Highland Roofing Company DATE: 09/18/2017
DEVELOPER: N/A Deacon LN PHONE #:
PROJECT ADDRESS: 6901 Cape Harbor Drive CITY: Wilmington ZIP: 28411
OCCUPANT/BUSINESS NAME: Cape Harbor Apartment Homes

PROPERTY OWNER'S NAME: Cape Harbor Apts./Bell Partners PHONE #: 910-392-5411
OWNER'S ADDRESS: 7113 Cape Harbor Drive CITY: Wilmington ST: NC ZIP: 28411

CONTRACTOR: Highland Roofing Company LICENSE #: NC 67180 ACCOUNT #:
ADDRESS: 4310 Deer Creek Lane CITY: Wilmington ST: NC ZIP: 28405
EMAIL ADDRESS: Admin@highlandroofingcompany.com PHONE #: 910-798-0155
PROJECT CONTACT PERSON: Iain Fergusson PHONE #: 910-789-0155

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

DESCRIPTION OF WORK: Shingle Replacement/ Inspection

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: Highland Roofing Company SIGNATURE:
(Qualifier) (Print Name)

Note: Demolition notifications & asbestos removal permit applications are to be submitted using the application form (DHFS-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: 13857 BUILDING HEIGHT: # OF UNITS:
TOTAL AREA SQ FT: 8000 SQ FT PER FLR: # OF STORIES: 3
TOTAL SQ FT UNDER ROOF: 8000 # OF STRUCTURES: # OF FLOORS: 3

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) BILL ACCOUNT MC/VISA DISCOVER

(FOR OFFICE USE ONLY)

REVISED DATE 4/11/12

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

Comment PERMIT FEE: \$

Replace expired 11-11525

RECEIVED SEP 19 2017

2017-10014



# 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: Highland Roofing Company DATE: 09/18/2017  
 DEVELOPER: N/A Deacon LN PHONE #: \_\_\_\_\_  
 PROJECT ADDRESS: 6905 Cape Harbor Drive CITY: Wilmington ZIP: 28411  
 OCCUPANT/BUSINESS NAME: Cape Harbor Apartment Homes  
 PROPERTY OWNER'S NAME: Cape Harbor Apts./Bell Partners PHONE #: 910-392-5411  
 OWNER'S ADDRESS: 7113 Cape Harbor Drive CITY: Wilmington ST: NC ZIP: 28411  
 CONTRACTOR: Highland Roofing Company LICENSE #: NC 67180 ACCOUNT #: \_\_\_\_\_  
 ADDRESS: 4310 Deer Creek Lane CITY: Wilmington ST: NC ZIP: 28405  
 EMAIL ADDRESS: Admin@highlandroofingcompany.com PHONE #: 910-798-0155  
 PROJECT CONTACT PERSON: Iain Fergusson PHONE #: 910-789-0155

(Check All That Apply)

EXIST CONSTRUCTION:  ALTERATION  RENOVATION  GENERAL REPAIRS  RELOCATION  
 If Relocation, is there a Natural Gas Line on the Current Site?  Yes  No IS BLDG SPRINKLERED?  Yes  No  
 NEW CONSTRUCTION:  ERECT NEW STRUCTURE  FAST TRACK  SHELL  UPFIT  ADD TO EXIST STRUCTURE  
 ACCESSORY STRUCTURE: \_\_\_\_\_

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

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

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

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

DESCRIPTION OF WORK: Shingle Replacement/ Inspection

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: Highland Roofing Company SIGNATURE: \_\_\_\_\_  
(Qualifier) (Print Name)

Note: Demolition notifications & asbestos removal permit applications are to be submitted using the application form (DHS-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: 13857 BUILDING HEIGHT: \_\_\_\_\_ # OF UNITS: \_\_\_\_\_  
 TOTAL AREA SQ FT : 8000 SQ FT PER FLR: \_\_\_\_\_ # OF STORIES: 3  
 TOTAL SQ FT UNDER ROOF: 8000 # OF STRUCTURES: \_\_\_\_\_ # OF FLOORS: 3

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)  BILL ACCOUNT  MCVISA  DISCOVER

(FOR OFFICE USE ONLY)

REVISED DATE 4/11/12

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

Comment: \_\_\_\_\_ PERMIT FEE: \$ \_\_\_\_\_  
 A V N

Replace expired 11-11526

RECEIVED SEP 19 2017

2017-10016



# 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: Highland Roofing Company DATE: 09/18/2017  
 DEVELOPER: N/A Deacon Ln PHONE #: \_\_\_\_\_  
 PROJECT ADDRESS: 6909 Cape Harbor Drive CITY: Wilmington ZIP: 28411  
 OCCUPANT/BUSINESS NAME: Cape Harbor Apartment Homes  
 PROPERTY OWNER'S NAME: Cape Harbor Apts./Bell Partners PHONE #: 910-392-5411  
 OWNER'S ADDRESS: 7113 Cape Harbor Drive CITY: Wilmington ST: NC ZIP: 28411  
 CONTRACTOR: Highland Roofing Company LICENSE #: NC 67180 ACCOUNT #: \_\_\_\_\_  
 ADDRESS: 4310 Deer Creek Lane CITY: Wilmington ST: NC ZIP: 28405  
 EMAIL ADDRESS: Admin@highlandroofingcompany.com PHONE #: 910-798-0155  
 PROJECT CONTACT PERSON: Iain Fergusson PHONE #: 910-789-0155

(Check All That Apply)

EXIST CONSTRUCTION:  ALTERATION  RENOVATION  GENERAL REPAIRS  RELOCATION  
 If Relocation, is there a Natural Gas Line on the Current Site?  Yes  No IS BLDG SPRINKLERED?  Yes  No  
 NEW CONSTRUCTION:  ERECT NEW STRUCTURE  FAST TRACK  SHELL  UPFIT  ADD TO EXIST STRUCTURE  
 ACCESSORY STRUCTURE: \_\_\_\_\_

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

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

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

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

DESCRIPTION OF WORK: Shingle Replacement/ Inspection

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: Highland Roofing Company SIGNATURE: \_\_\_\_\_  
(Qualifier) (Print Name)

Note: Demolition notifications & asbestos removal permit applications are to be submitted using the application form (DHMS-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/ehmp.html>

TOTAL PROJECT COST: 13857 BUILDING HEIGHT: \_\_\_\_\_ # OF UNITS: \_\_\_\_\_  
 TOTAL AREA SQ FT : 8000 SQ FT PER FLR: \_\_\_\_\_ # OF STORIES: 3  
 TOTAL SQ FT UNDER ROOF: 8000 # OF STRUCTURES: \_\_\_\_\_ # OF FLOORS: 3

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)  BILL ACCOUNT  MC/VISA  DISCOVER

(FOR OFFICE USE ONLY)

REVISED DATE 4/11/12

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

Comment: \_\_\_\_\_ PERMIT FEE: \$ \_\_\_\_\_  
 A V N

replece expired 11-11528

RECEIVED SEP 19 2017

2017-10019



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: Highland Roofing Company DATE: 09/18/2017
DEVELOPER: N/A TOPSAIL LN PHONE #:
PROJECT ADDRESS: 7002 Cape Harbor Drive CITY: Wilmington ZIP: 28411
OCCUPANT/BUSINESS NAME: Cape Harbor Apartment Homes
PROPERTY OWNER'S NAME: Cape Harbor Apts./Bell Partners PHONE #: 910-392-5411
OWNER'S ADDRESS: 7113 Cape Harbor Drive CITY: Wilmington ST: NC ZIP: 28411
CONTRACTOR: Highland Roofing Company LICENSE #: NC 67180 ACCOUNT #:
ADDRESS: 4310 Deer Creek Lane CITY: Wilmington ST: NC ZIP: 28405
EMAIL ADDRESS: Admin@highlandroofingcompany.com PHONE #: 910-798-0155
PROJECT CONTACT PERSON: Iain Fergusson PHONE #: 910-789-0155

(Check All That Apply)

EXIST CONSTRUCTION: [ ] ALTERATION [ ] RENOVATION [X] GENERAL REPAIRS [ ] RELOCATION
If Relocation, is there a Natural Gas Line on the Current Site? [ ] Yes [X] No IS BLDG SPRINKLERED? [ ] Yes [X] 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 [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: PH: NC REG #:
ENGR DESIGN PROFESSIONAL: PH: NC REG #:

DESCRIPTION OF WORK: Shingle Replacement/ Inspection

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: Highland Roofing Company SIGNATURE:
(Qualifier) (Print Name)

Note: Demolition notifications & asbestos removal permit applications are to be submitted using the application form (DPHS-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: 13857 BUILDING HEIGHT: # OF UNITS:
TOTAL AREA SQ FT : 8000 SQ FT PER FLR: # OF STORIES: 3
TOTAL SQ FT UNDER ROOF: 8000 # OF STRUCTURES: # OF FLOORS: 3

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

PROPERTY USE: [ ] OFFICE [ ] RESTAURANT [ ] MERCANTILE [ ] EDUC [X] APT [ ] CONDO OTHER:

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

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

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

(FOR OFFICE USE ONLY)

REVISED DATE 4/11/12

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

Comment: PERMIT FEE: \$



replace expired 11-11530

RECEIVED SEP 19 2017

2017-10021



# 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: Highland Roofing Company DATE: 09/18/2017  
 DEVELOPER: N/A TOPSAIL LN. PHONE #: \_\_\_\_\_  
 PROJECT ADDRESS: 7005 Cape Harbor Drive CITY: Wilmington ZIP: 28411  
 OCCUPANT/BUSINESS NAME: Cape Harbor Apartment Homes  
 PROPERTY OWNER'S NAME: Cape Harbor Apts./Bell Partners PHONE #: 910-392-5411  
 OWNER'S ADDRESS: 7113 Cape Harbor Drive CITY: Wilmington ST: NC ZIP: 28411  
 CONTRACTOR: Highland Roofing Company LICENSE #: NC 67180 ACCOUNT #: \_\_\_\_\_  
 ADDRESS: 4310 Deer Creek Lane CITY: Wilmington ST: NC ZIP: 28405  
 EMAIL ADDRESS: Admin@highlandroofingcompany.com PHONE #: 910-798-0155  
 PROJECT CONTACT PERSON: Iain Fergusson PHONE #: 910-789-0155

(Check All That Apply)

EXIST CONSTRUCTION:  ALTERATION  RENOVATION  GENERAL REPAIRS  RELOCATION  
 If Relocation, is there a Natural Gas Line on the Current Site?  Yes  No IS BLDG SPRINKLERED?  Yes  No  
 NEW CONSTRUCTION:  ERECT NEW STRUCTURE  FAST TRACK  SHELL  UPFIT  ADD TO EXIST STRUCTURE  
 ACCESSORY STRUCTURE: \_\_\_\_\_

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

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

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

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

DESCRIPTION OF WORK: Shingle Replacement/ Inspection

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: Highland Roofing Company 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/epl/asbestos/ahmp.html>

TOTAL PROJECT COST: 13857 BUILDING HEIGHT: \_\_\_\_\_ # OF UNITS: \_\_\_\_\_  
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 TOTAL SQ FT UNDER ROOF: 8000 # OF STRUCTURES: \_\_\_\_\_ # OF FLOORS: 3

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)  BILL ACCOUNT  MCVISA  DISCOVER

\*\*\*\*\*

(FOR OFFICE USE ONLY)

REVISED DATE 4/11/12

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

A V N

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

replace expired 11-11531

RECEIVED SEP 19 2017

2017 10022



# 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: Highland Roofing Company DATE: 09/18/2017  
 DEVELOPER: N/A PHONE #: \_\_\_\_\_  
 PROJECT ADDRESS: 7016 Cape Harbor Drive CITY: Wilmington ZIP: 28411  
 OCCUPANT/BUSINESS NAME: Cape Harbor Apartment Homes  
 PROPERTY OWNER'S NAME: Cape Harbor Apts./Bell Partners PHONE #: 910-392-5411  
 OWNER'S ADDRESS: 7113 Cape Harbor Drive CITY: Wilmington ST: NC ZIP: 28411  
 CONTRACTOR: Highland Roofing Company LICENSE #: NC 67180 ACCOUNT #: \_\_\_\_\_  
 ADDRESS: 4310 Deer Creek Lane CITY: Wilmington ST: NC ZIP: 28405  
 EMAIL ADDRESS: Admin@highlandroofingcompany.com PHONE #: 910-798-0155  
 PROJECT CONTACT PERSON: Iain Fergusson PHONE #: 910-789-0155

(Check All That Apply)

EXIST CONSTRUCTION:  ALTERATION  RENOVATION  GENERAL REPAIRS  RELOCATION  
 If Relocation, is there a Natural Gas Line on the Current Site?  Yes  No IS BLDG SPRINKLERED?  Yes  No  
 NEW CONSTRUCTION:  ERECT NEW STRUCTURE  FAST TRACK  SHELL  UPFIT  ADD TO EXIST STRUCTURE  
 ACCESSORY STRUCTURE: \_\_\_\_\_

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

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

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

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

DESCRIPTION OF WORK: Shingle Replacement/ Inspection

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: Highland Roofing Company SIGNATURE: \_\_\_\_\_  
(Qualifier) (Print Name)

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TOTAL PROJECT COST: 13857 BUILDING HEIGHT: \_\_\_\_\_ # OF UNITS: \_\_\_\_\_  
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 TOTAL SQ FT UNDER ROOF: 8000 # OF STRUCTURES: \_\_\_\_\_ # OF FLOORS: 3

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)  BILL ACCOUNT  MC/VISA  DISCOVER

\*\*\*\*\*

(FOR OFFICE USE ONLY)

REVISED DATE 4/11/12

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

A V N

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

2017 10018 ~~RS~~

C2  
R4



NEW HANOVER COUNTY BUILDING PERMIT

APPLICATION TYPE: RESIDENTIAL

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

17-2932

Application  
Number  
(office use)

APPLICANT'S NAME: Mark Hooker Date: 9/11/2017  
PROJECT ADDRESS: 231-A Hooker Rd CITY: Wilm. ZIP: 28403  
SUBDIVISION: \_\_\_\_\_ LOT #: \_\_\_\_\_

PROPERTY OWNER'S NAME: Mark Hooker PHONE #: 910 620 1146  
OWNER'S ADDRESS: 229 Hooker Rd CITY: Wilmington ZIP: 28403

CONTRACTOR: Mark Hooker BLDG LICENSE #: \_\_\_\_\_  
ADDRESS: 229 Hooker Rd CITY: Wilm. ST: NC ZIP: 28403

X EMAIL ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

X PROJECT CONTACT PERSON: Mark Hooker PHONE: 910-620-1146

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: 850 Unheated: \_\_\_\_\_

TOTAL PROJECT COST (Less Lot): \$ 20,000

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 \*NC Gas to install

Is there Electrical Power on this Building?  Yes  No

Property Use/ Occupancy:  Single Family  Duplex  Townhouse

Description of Work: installing Tankless water heater  
Remodel - entry area, enlarge Bath (shower) additional lighting

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: Mark Hooker Signature: Mark Hooker  
"Licensed Qualifier" Print Name

Is the property located in a floodplain?  Yes  No

Existing Impervious Area: 850 Sq Ft Total Acres Disturbed: \_\_\_\_\_

New Impervious Area: 850 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: R-15 Officer: DTG Setbacks (F) N/A (LH) N/A (RH) N/A (B)/N/A

Approval: OK City: ILM Date: 9/13/17 Flood: (A) \_\_\_\_\_ (V) \_\_\_\_\_ (N) shaded X BFE+2ft= \_\_\_\_\_

Comment: Interior work only; No expansion Permit Fee: \$ \_\_\_\_\_

CITY INSPECTION REQUIRED 910-234-3131

VB/PA

# NEW HANOVER COUNTY BUILDING PERMIT

2017-9986  
PEE 17-2753

APPLICATION TYPE: COMMERCIAL

23 AUG 17 4:25 PM

PLEASE ANSWER ALL QUESTIONS APPLICABLE TO YOUR PROJECT

APPLICATION

Number

(Office Use)

## "Project Responsibility"

APPLICANT'S NAME: Angela Nguyen DATE: 8-23-17  
 DEVELOPER: \_\_\_\_\_ PHONE #: \_\_\_\_\_  
 PROJECT ADDRESS: 250 Racine Dr CITY: Wilmington ZIP: 28403  
 OCCUPANT/BUSINESS NAME: Tap Tea Bar  
 PROPERTY OWNER'S NAME: Amy PHONE #: 910 256 0005  
 OWNER'S ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 CONTRACTOR: Angela Nguyen LICENSE #: \_\_\_\_\_  
 ADDRESS: 1123 Mattie Dr #201 CITY: Wilmington ST: Nc ZIP: 28413  
 EMAIL ADDRESS: mgr@tapteabar.com PHONE #: \_\_\_\_\_  
 PROJECT CONTACT PERSON: Angela Nguyen PHONE #: 6072408960

(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? Retail What is the New Occupancy Type? Beverage Shop

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

DESCRIPTION OF WORK: Installation of counter tops + installing sink drain

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: Angela Nguyen SIGNATURE: Angela Nguyen  
 (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: 4000 BUILDING HEIGHT: \_\_\_\_\_ # OF UNITS: 1  
 TOTAL AREA SQ FT: 1320 SQ FT PER FLR: 1320 # OF STORIES: 1  
 TOTAL SQ FT UNDER ROOF: 1320 # OF STRUCTURES: 1 # OF FLOORS: 1

ACRES DISTURBED: 0 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 Beverages

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/MISA  DISCOVER

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

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

\$100 deposit paid

CFPUA, City Fire, CZ

CTH

17-2941

2017-9989



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: Alice E Evans Date: 9/11/2017
PROJECT ADDRESS: 401 Semmes Drive CITY: Wilmington ZIP: 28409
SUBDIVISION: LOT#:

PROPERTY OWNER'S NAME: Mark Hurt PHONE #: 910-367-8709
OWNER'S ADDRESS: 401 Semmes Drive CITY: Wilmington ZIP: 28409

CONTRACTOR: Dynamic Kitchens + Interiors BLDG LICENSE #:
ADDRESS: 1515 Carolina Beach Rd CITY: Wilmington ST: NC ZIP: 28401
EMAIL ADDRESS: Alice @ Dynamickitchens.com PHONE: 910-763-9876

PROJECT CONTACT PERSON: Alice E Evans PHONE: 910-232-8057

EXISTING CONSTRUCTION: [ ] Alteration [X] 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 [X] No
TOTAL SQ FT UNDER ROOF (for proposed work) Heated: 207 sq ft Unheated:
TOTAL PROJECT COST (Less Lot): \$ 28,286.00

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

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

Description of Work: Renovated Kitchen, moving opening in wall, new cabinets + countertops

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: Alice E Evans Signature: Alice E Evans
"Licensed Qualifier" Print Name

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

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

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

Zone: R-15 Officer: KTH Setbacks (F) N/A (LH) N/A (RH) N/A (B) N/A

Approval: City: WILM Date: 9-13-17 Flood: (A) (V) (N) [X] BFE+2ft=

Comment: No expansion to footprint. Permit Fee: \$

City Inspection Required, 910-254-0300

CITY  
VB/RB  


17-2941

2017-9989

**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: Alice E Evans Date: 9/11/2017  
PROJECT ADDRESS: 401 Semmes Drive CITY: Wilmington ZIP: 28409  
SUBDIVISION: \_\_\_\_\_ LOT#: \_\_\_\_\_

PROPERTY OWNER'S NAME: Mark Hurt PHONE #: 910-367-8709  
OWNER'S ADDRESS: 401 Semmes Drive CITY: Wilmington ZIP: 28409

CONTRACTOR: Dynamic Kitchens + Interiors BLDG LICENSE #: \_\_\_\_\_  
ADDRESS: 1515 Carolina Beach Rd CITY: Wilmington ST: NC ZIP: 28401  
EMAIL ADDRESS: Alice @ Dynamickitchens.com PHONE: 910-763-9876

PROJECT CONTACT PERSON: Alice E Evans PHONE: 910-232-8057

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: 20759 ft Unheated: \_\_\_\_\_

TOTAL PROJECT COST (Less Lot): \$ 20,206.00

- 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: Renovated Kitchen, moving opening in wall, new cabinets + countertops

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: Alice E Evans Signature: Alice E Evans  
"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: \$ 400.00

CE

2017-9986

# NEW HANOVER COUNTY BUILDING PERMIT

PEZ 17-2753

APPLICATION TYPE: COMMERCIAL

23 AUG 17 4:25 PM  
APPLICATION  
Number  
(Office Use)

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

APPLICANT'S NAME: Angela Nguyen DATE: 8-23-17  
 DEVELOPER: \_\_\_\_\_ PHONE #: \_\_\_\_\_  
 PROJECT ADDRESS: 250 Racine Dr CITY: Wilmington ZIP: 28403  
 OCCUPANT/BUSINESS NAME: Tap Tea Bar  
 PROPERTY OWNER'S NAME: Amy PHONE #: 910 256 0005  
 OWNER'S ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 CONTRACTOR: Angela Nguyen LICENSE #: \_\_\_\_\_  
 ADDRESS: 1123 Matten Dr #201 CITY: Wilmington ST: Nc ZIP: 28413  
 EMAIL ADDRESS: mgr@tapteabar.com PHONE #: \_\_\_\_\_  
 PROJECT CONTACT PERSON: Angela Nguyen PHONE #: 607 240 8960

(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? Retail What is the New Occupancy Type? Beverage Shop  
 ARCH DESIGN PROFESSIONAL: \_\_\_\_\_ PH: \_\_\_\_\_ NC REG #: \_\_\_\_\_  
 ENGR DESIGN PROFESSIONAL: \_\_\_\_\_ PH: \_\_\_\_\_ NC REG #: \_\_\_\_\_

DESCRIPTION OF WORK: Installation of counter tops & installing sink drain-  
 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: Angela Nguyen SIGNATURE: Angela Nguyen  
 (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: 4000 BUILDING HEIGHT: \_\_\_\_\_ # OF UNITS: 1  
 TOTAL AREA SQ FT: 1320 SQ FT PER FLR: 1320 # OF STORIES: 1  
 TOTAL SQ FT UNDER ROOF: 1320 # OF STRUCTURES: 1 # OF FLOORS: 1

ACRES DISTURBED: 0 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 Beverages

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

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

ZONE: RB OFFICER: DTG SETBACKS: F: N/A LH: N/A RH: N/A B: N/A  
 Approval: DE City: ILM DATE: 8/28/17 FLOOD: \_\_\_\_\_ X BFE+2ft

Comment: Interior work only; No expansion PERMIT FEE: \_\_\_\_\_

\$100 deposit paid

City Inspection Required, 910-254-0900

e-1  
CITY

17-2863

# FLOOD ZONE

2017-9996



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

17-2863  
Application  
Number 17 16:12 PM  
(office use)

APPLICANT'S NAME: Highland Construction Date: 9/5/17  
 PROJECT ADDRESS: 6130 Leeward Lane CITY: Wilmington ZIP: 28409  
 SUBDIVISION: \_\_\_\_\_ LOT #: \_\_\_\_\_

PROPERTY OWNER'S NAME: Mitch & Rhonda Henry PHONE #: 910-443-3995  
 OWNER'S ADDRESS: 6130 Leeward Lane CITY: wilmington ZIP: 28409

CONTRACTOR: Highland Construction BLDG LICENSE #: 25594  
 ADDRESS: 3302 Kitty Hawk Rd. CITY: Wilmington ST. no. ZIP: 28403  
 EMAIL ADDRESS: kevin.ramsey@teahighland.com PHONE: 910-485-6738

PROJECT CONTACT PERSON: Kevin Ramsey PHONE: 910-849-6978

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: 1892 Unheated: \_\_\_\_\_  
 TOTAL PROJECT COST (Less Lot): \$ 79,590  
 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: Remove and replace decayed subfloor, floor joists, remove and replace decayed floor joist as needed  
 Replave HVAC ductwork/

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: Kevin Ramsey Signature: *[Signature]*  
 "Licensed Qualifier" Print Name

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

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

Zone: R-20 Officer: *[Signature]* Setbacks (F) N/A (LH) N/A (RH) N/A (B) N/A  
 Approval: \_\_\_\_\_ City: Wilm Date: 9-15-17 Flood: (A) AE13 (V) \_\_\_\_\_ (N) \_\_\_\_\_ BFE+2ft= 15' preliminary

Comment: Tax value = \$252,500. No additional permits within  
 \*DISCLAIMER: SUBMITTING THIS APPLICATION MEANS THAT THE SUBMITTAL CHARGE IS NON-REFUNDABLE  
 past five years - not a substantial improvement. Permit Fee: \$ \_\_\_\_\_



CITY



17-2863

NEW HANOVER COUNTY BUILDING PERMIT

APPLICATION TYPE: RESIDENTIAL

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

2017-9996

Application Number SEP 17 10:13AM (office use)

APPLICANT'S NAME: Highland Construction Date: 9/5/17
PROJECT ADDRESS: 6130 Leeward Lane CITY: Wilmington ZIP: 28409
SUBDIVISION: LOT #:

PROPERTY OWNER'S NAME: Mitch & Rhonda Henry PHONE #: 910-443-3995
OWNER'S ADDRESS: 6130 Leeward Lane CITY: wilmington ZIP: 28409

CONTRACTOR: Highland Construction BLDG LICENSE #: 25594
ADDRESS: 3302 Kitty Hawk Rd. CITY: Wilmington ST: nc ZIP: 28403
EMAIL ADDRESS: kevin.ramsey@teamhighland.com PHONE: 910-485-6738

PROJECT CONTACT PERSON: Kevin Ramsey PHONE: 910-849-6978

EXISTING CONSTRUCTION: [ ] Alteration [ ] Renovation [X] 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 [X] No

TOTAL SQ FT UNDER ROOF (for proposed work) Heated: 1892 Unheated:

TOTAL PROJECT COST (Less Lot): \$ 79,590

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

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

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

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

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

Description of Work: Remove and replace decayed subfloor, floor joistes, remove and replace decayed, floor joist as needed
Replave HVAC ductwork/

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: KEVIN RAMSEY 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: [X] CFPWA [ ] Community System [ ] Private Well [ ] Central Well [ ] Aqua

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

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

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

Comment: Permit Fee: \$ 428

\*DISCLAIMER: SUBMITTING THIS APPLICATION MEANS THAT THE SUBMITTAL CHARGE IS NON-REFUNDABLE

2017-10006

# FLOOD ZONE

RECEIVED AUG 15 2017

17-2644

## NEW HANOVER COUNTY BUILDING PERMIT APPLICATION TYPE: RESIDENTIAL

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



Application Number: 17-2644

APPLICANT'S NAME: Prestige Park Date: 8-2-17  
PROJECT ADDRESS: 6265 Inglewood Dr CITY: WILSONVILLE ZIP: 28792  
SUBDIVISION: \_\_\_\_\_ LOT #: \_\_\_\_\_

PROPERTY OWNER'S NAME: Beatriz Bar Jones PHONE #: 305 515 5145  
OWNER'S ADDRESS: 6265 Inglewood Dr CITY: Wilsonville ZIP: 28792

CONTRACTOR: Shane Kozak BIDG LICENSE #: 51519  
ADDRESS: 5307 S. Conroy Rd CITY: Wilsonville ST: NC ZIP: 28792  
EMAIL ADDRESS: prestige@prestigepark.com PHONE: 704 489 6149

PROJECT CONTACT PERSON: Beatriz Bar Jones PHONE: 305 515 5145

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) 375  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): \$ 81,000

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 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/day\*\*

Owner/Contractor: Shane Kozak Signature: \_\_\_\_\_  
Title: Contractor Print Name: \_\_\_\_\_

Is the property located in a floodplain?  Yes  No

Existing Impervious Area: \_\_\_\_\_ Sq Ft

New Impervious Area: \_\_\_\_\_ Sq Ft

WATER:  CEPUA  Community System  Private Well  Central Well  Aqua

SEWER:  CEPUA  Community System  Private Septic  Central Septic  Aqua

Zone: R-20 officer: JKH Setbacks (F) N/A (UH) 10' (RH) 10' (B) 10'

Approval: \_\_\_\_\_ City: \_\_\_\_\_ Date: 7/27/17 Flood: (A) AE13 (V) \_\_\_\_\_ (N) \_\_\_\_\_ BFE12ft: 15'

Comment: No portion of pool or permanent pool structure, including pumps within setbacks. Must use flood resistant material below regulatory flood level (pressure treated wood, concrete, etc.) Permit Fee: \$ \_\_\_\_\_

2017-10006

City



RECEIVED AUG 15 2017

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

17-2644

Application Number (office use)

APPLICANT'S NAME: Prestige Pools Date: 8-3-17  
PROJECT ADDRESS: 6266 Ingleside dr. CITY: Wilmington ZIP: 28412  
SUBDIVISION: \_\_\_\_\_ LOT#: \_\_\_\_\_

PROPERTY OWNER'S NAME: Beatriz Barzana PHONE #: 305-815-5145  
OWNER'S ADDRESS: 6266 Ingleside dr. CITY: Wilmington ZIP: 28112

CONTRACTOR: Shane Kosnik BLDG LICENSE #: 54579  
ADDRESS: 5307 S. college rd CITY: Wilmington ST: NC ZIP: 28412  
EMAIL ADDRESS: prestigepools28412@gmail.com PHONE: 910-409-6247

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

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

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

- Att Garage (SF) \_\_\_\_\_
- Sunroom (SF) \_\_\_\_\_
- Greenhouse (SF) \_\_\_\_\_
- Det Garage (SF) \_\_\_\_\_
- Pool (SF) 375
- 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): \$ 81,000

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

Property Use/ Occupancy:  Single Family  Duplex  Townhouse

Description of Work: Inground Swimming Pool

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

Owner/Contractor: Shane Kosnik Signature: \_\_\_\_\_  
"Licensed Qualifier" Print Name

Is the property located in a floodplain?  Yes  No

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

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

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

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

75.00  
Deposit  
Fee

CZ



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

2017-100010  
 PEZ 17-1019  
 Application Number  
 (office use)

APPLICANT'S NAME: MICHAEL MCGOLLOM Date: 3/23/17  
 PROJECT ADDRESS: 127 LAUREL DR CITY: WILMINGTON ZIP: 28401  
 SUBDIVISION: \_\_\_\_\_ LOT #: \_\_\_\_\_

PROPERTY OWNER'S NAME: MICHAEL MCGOLLOM PHONE #: 910 546 4700  
 OWNER'S ADDRESS: 127 LAUREL DR CITY: WILMINGTON ZIP: 28401

CONTRACTOR: MICHAEL MCGOLLOM BLDG LICENSE #: \_\_\_\_\_  
 ADDRESS: 127 LAUREL DR CITY: WILMINGTON ST: NC ZIP: 28401  
 EMAIL ADDRESS: MCGOLLOMFLAIR@GMAIL.COM PHONE: 910 546 4700

PROJECT CONTACT PERSON: MICHAEL MCGOLLOM PHONE: 910 546 4700

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

24 MAR 17 2:55 PM

**\*\*\*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) 780'
- 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: 320

TOTAL PROJECT COST (Less Lot): \$ 5000

- 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: ADDING a deck with covered area onto the back of my 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: MICHAEL MCGOLLOM Signature: [Signature]  
 "Licensed Qualifier" Print Name

Is the property located in a floodplain?  Yes  No

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

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

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

75.00

Comments:

C2  
R4



# NEW HANOVER COUNTY BUILDING PERMIT

APPLICATION TYPE: RESIDENTIAL  
PLEASE ANSWER ALL QUESTIONS APPLICABLE TO YOUR PROJECT  
"Project Responsibility"

2017-10018  
17-2932

Application Number (office use)

APPLICANT'S NAME: Mark Hooker Date: 9/11/2017  
PROJECT ADDRESS: 231-A Hooker Rd CITY: Wilm. ZIP: 28403  
SUBDIVISION: \_\_\_\_\_ LOT #: \_\_\_\_\_

PROPERTY OWNER'S NAME: Mark Hooker PHONE #: 910 620 1146  
OWNER'S ADDRESS: 229 Hooker Rd. CITY: Wilmington ZIP: 28403

CONTRACTOR: Mark Hooker BLDG LICENSE #: \_\_\_\_\_  
ADDRESS: 229 Hooker Rd CITY: Wilm ST: NC ZIP: 28403

X EMAIL ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

X PROJECT CONTACT PERSON: Mark Hooker PHONE: 910-620-1146

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: 850 Unheated: \_\_\_\_\_

TOTAL PROJECT COST (Less Lot): \$ 20,000

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 \*N/C Gas to install

Is there Electrical Power on this Building?  Yes  No

Property Use/ Occupancy:  Single Family  Duplex  Townhouse

Description of Work: remodel - Ce. by walls, enlarge Bath (5 Shower) additional lighting installing Tankless water heater

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: Mark Hooker Signature: Mark Hooker  
"Licensed Qualifier" Print Name

Is the property located in a floodplain?  Yes  No

Existing Impervious Area: 850 Sq Ft Total Acres Disturbed: \_\_\_\_\_

New Impervious Area: 850 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: \$ \_\_\_\_\_

C2  
R4

2017-10018

17-2932



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: Mark Hooker Date: 9/11/2017  
PROJECT ADDRESS: 231-A Hooker Rd CITY: Wilm ZIP: 28403  
SUBDIVISION: \_\_\_\_\_ LOT #: \_\_\_\_\_

PROPERTY OWNER'S NAME: Mark Hooker PHONE #: 910 620 1146  
OWNER'S ADDRESS: 229 Hooker Rd CITY: Wilmington ZIP: 28403

CONTRACTOR: Mark Hooker BLDG LICENSE #: \_\_\_\_\_  
ADDRESS: 229 Hooker Rd CITY: Wilm ST: NC ZIP: 28403

EMAIL ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

PROJECT CONTACT PERSON: Mark Hooker PHONE: 910-620-1146

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: 850 Unheated: \_\_\_\_\_

TOTAL PROJECT COST (Less Lot): \$ 20,000

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 \*NC Gas to install

Is there Electrical Power on this Building?  Yes  No

Property Use/ Occupancy:  Single Family  Duplex  Townhouse

Description of Work: installing Tankless water heater  
Remodel - entry area, enlarge Bath (5 Shower) additional lighting

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 fine up to \$500.00\*\*\*

Owner/Contractor: Mark Hooker Signature: Mark Hooker  
"Licensed Qualifier" Print Name

Is the property located in a floodplain?  Yes  No

Existing Impervious Area: 850 Sq Ft Total Acres Disturbed: \_\_\_\_\_

New Impervious Area: 850 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: DTG Setbacks (F) N/A (LH) N/A (RH) N/A (B/N/A)

Approval: DK City: ILM Date: 9/15/17 Flood: (A) \_\_\_\_\_ (V) \_\_\_\_\_ (N) shaded X BFE+2ft= \_\_\_\_\_ \$ 400

Comment: Interior work only; No expansion Permit Fee: \$ \_\_\_\_\_