17-2943

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:09/11/17
DEVELOPER:		PHONE #:
PROJECT ADDRESS: 703 N.Third Street	CITY: Wilmington	ZIP: 28401
OCCUPANT/BUSINESS NAME: Cape Fear Community Colle	ge	
PROPERTY OWNER'S NAME: Cape Fear Community College	v	PHONE #: 790-9490
OWNER'S ADDRESS: 411 N. Front street		
CONTRACTOR: September Signs	CITY	
ADDRESS: 6731-4Amsterdam Way		
EMAIL ADDRESS: bob@septembersigns.com		PHONE #:
PROJECT CONTACT PERSON: Bob Nabors		PHONE #: 791-9084
✓ ERECT ☐ ALTER ☐ REPAI	_	GE OUT
DESCRIPTION OF WORK: <u>Install new Channel Letter s</u>	ign on South Entrance	
IS SIGN(S) ON OR OFF PREMISES?  ON OFF		7
	d. 10	
DISCLAIMER: I hereby certify that all information in this application is correct and all wo and ordinances and regulations. The NHC Development Services Center will be notified		
contractor information. ***NOTE: Any Work Performed W/O the Appropriate Permits will		
OHNED /CONTRACTOR: Bob Nobons	STENATURE.	$\ll$ /
OWNER/CONTRACTOR: Bob Nabors (Print Name)	_ SIGNATURE:	
*************	**********	******
TYPE OF SIGN(S)		
☐ FREESTANDING (Ground) ☐ MARQUE ☐ SHINGLE ✓ WALL	PROJECTION CANOPY	ROOF 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:		
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 PROPE	ERTY LOCATED IN A FLO	ODPLAIN? Yes No
*** SEPARATE PERMITS REQUIRED FOR ELECT, MEG	CH, PLBG, GAS EQUIP, PREFA	ABS & INSERTS ***
PAYMENT METHOD: CASH CHECK (PAYABLE TO	NHC) AMERICAN EXPRES	SS MC/VISA DISCOVE
************	*********	********
(FOR OFFICE		REVISED DATE 3/30/12
ZONE: OFFICER: SETBACKS	: F: LH: RH:_	B:
Approval: City: DATE: FLO	OD:	BFE+2ft=
Comment:	A V	N
		PERMIT FEE: \$



# RECEIVED SEP 0 7 2017

2017-10025

17-2904

APPLICATION

# Number



(Office Use) "Project Responsibility" DATE: 02/07/17
PHONE #: 9107919084 APPLICANT'S NAME: September Signs

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 1	THAT APPLY)
✓ ERECT ☐ ALTER ☐ REPAIR	
DESCRIPTION OF WORK: replaceing building sign and	
IS SIGN(S) ON OR OFF PREMISES?  ON OFF	
DISCLAIMER: I hereby certify that all information in this application is correct and all wor	k 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 Stans	on this Duciest.
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 PROPE	RTY LOCATED IN A FLOODPLAIN? Yes No
the CEDARATE DEDUCES DECLEDED AND ALLER AND AL	
*** SEPARATE PERMITS REQUIRED FOR ELECT, MEC	H, PLBG, GAS EQUIP, PREFABS & INSERTS ***
PAYMENT METHOD: CASH CHECK (PAYABLE TO N	HC) AMERICAN EXPRESS MC/VISA DISCOV
************	**************
(FOR OFFICE	USE ONLY) REVISED DATE 3/30/12
ZONE: OFFICER: SETBACKS:	F: LH: RH: B:
ZONE:OFFICER:SETBACKS: Approval:City:DATE:FLOC	D: BFE+2ft=
Comment:	A V N PERMIT FEE: \$
	FERRILI FEE; \$



2017-10025 17-2904



## 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 #:
	ITY: Wilmington	ST: NC ZIP: 28402
CONTRACTOR: September Signs	LICENSE #:	
	ITY: Wilmington	ST: NC ZIP: 28405
EMAIL ADDRESS: will@septembersigns.com		PHONE #: 9107919084
PROJECT CONTACT PERSON: Will Nabors		PHONE #: 9107919084
(CHECK ALL TH	MAT APPLY)	
✓ ERECT ☐ ALTER ☐ REPAIR	ENLARGE CHANGE	OUT
DESCRIPTION OF WORK: replaceing building sign and r	efaceing and repairing n	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 works and ordinances and regulations. The NHC Development Services Center will be notified of contractor information. ***NOTE: Any Work Performed W/O the Appropriate Permits will be	any changes in the approved plans and s	pecifications or change in contractor or
OLINED (CONTRACTOR)	STONATURE:	21
OWNER/CONTRACTOR: will nabors (Print Name)	SIGNATURE:	
*************	*******	*******
TYPE OF SIGN(S)		
FREESTANDING (Ground) MARQUEE SHINGLE WALL	PROJECTION CANOPY	ROOF OTHER
Total Number of Signs o	n this Project:	
SIGN 1 Height: 7: Sign Dimensions: 60	X <u>120</u> Total SQ	.FT. of Sign: <u>50</u>
SIGN 2 Height: 18' Sign Dimensions: 137"	X 182" Total SQ	.FT. of Sign: <u>173</u>
SIGN 3 Height: Sign Dimensions:		
SIGN 4 Height: Sign Dimensions:	X Total SQ	.FT. of Sign:
TOTAL PROJECT COST: \$ 27000 IS THE PROPER	TY LOCATED IN A FLOOD	PLAIN? Yes No
*** SEPARATE PERMITS REQUIRED FOR ELECT, MECH	, PLBG, GAS EQUIP, PREFABS	& INSERTS ***
PAYMENT METHOD: CASH CHECK (PAYABLE TO NH		MC/VISA DISCOVER
PATMENT METHOD: CASH CHECK (PAYABLE TO NA	C) AMERICAN EXPRESS	MC/VISA DISCOVER
************	********	******
ZONE: RB OFFICER: DIG SETBACKS: Approval: OK City: ILM DATE: 9/14/17 FLOOR	F: <u>///</u> LH: <u>///</u> A RH: <u>///</u> C:	B: <u>NA</u> BFE+2ft=
comment: Freestanding Monument Sig	<u>an must be</u> pr	N RMIT FEE: \$_223
Comment: Freestanding Monument Sic Setback 10 From property	line	

City Inspection Requirea, 910-254-6900

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: NIN WEBS, LCC		Dat	e: 7.20.2017
PROJECT ADDRESS: 1106 ANCHOR'S	BESO WAY	CITY: WILMINGTON	ZIP: 284/1
SUBDIVISION:		LOT #:	
PROPERTY OWNER'S NAME: SARA SLOAS		PHONE #:910-52	
OWNER'S ADDRESS://b/e ANCHORS Z	END WAY	CITY: WILMINGTO.	1 ZIP: 284/1
CONTRACTOR MNWEBBLICE ADDRESS: 1001 MANGE OURT		BLDG LICE	NSE #: 3401/34101
ADDRESS: 100/ MAVES OUR	11	CITY: WILMINGTOU ST	
EMAIL ADDRESS: Mnwebble a hotman	1. Com	PHONE: 910-6	17-9882
PROJECT CONTACT PERSON: MICKEY WE	THB	PHONE: 90-6	17 9882
EXISTING CONSTRUCTION: ☐ Alteration ☐ Ren			
NEW CONSTRUCTION:   Erect New Residence	Addition to Existing Resident	ence  Relocation	
***PLEASE CHECK A	ND ANSWER BELOW ALL THA	T APPLY TO YOUR PROJECT***	
☐ Att Garage (SF)	Det Garage (SF)	Porch (SF)	
☐ Sunroom (SF)	☐ Pool (SF)		
☐ Greenhouse (SF)	☐ Deck (SF)	Other (SF)	48 # Borles Room
Is the proposed work changing the existing footpri	. , ,		FINISH
TOTAL SQ FT UNDER ROOF (for proposed work)	leated: 48#	Unheated:	
TOTAL PROJECT COST (Less Lot): \$ 5,000			
Is the proposed work changing the number of bed Is any <b>Electrical</b> , <b>Plumbing</b> or <b>Mechanical</b> work be If the project is a <b>Relocation</b> , is there a Natural Ga Is there Electrical Power on this Building?	ing done to the Accessory Str s Line on the current site? No	Yes No	
Property Use/ Occupancy: Single Family  Description of Work:	Duplex 🗆 Townhouse 🗐	IKH BONIS ROW W	ITH INSULATION
Description of Work:  DRYWALL, TEIM, BINT, CAR	PAT,	191 2000 3 1009.	
DISCLAIMER: I hereby certify that all the information in this applaws and ordinances and regulations. The NHC Development Se information. ***NOTE: Any work performed without the appro	olication is correct and all work will co rvices Center will be notified of any o priate permits will be in violation of t	changes in the approved plans and specifical the NC State Bldg Code and subject to lines	tions or change in contractor
Owner/Contractor: M. N. WEBB, LLC "Licensed Qualifier" Print Name	Signature Signature		
"Licensed Qualifier" Print Name		le	7
Is the property located in a floodplain?   Yes	] No		- /
Existing Impervious Area: Sq Ft	Total Acres Distu	rbed:	N/ many
New Impervious Area: Sq Ft		turbing Permit:  Yes  No	OP JAM (
WATER: TCFPUA  Community System	Private Well   Central Well	☐ Aqua	MIN
SEWER: 🐧 CFPUA 🗆 Community System 🗆			and
Zone: Officer: Setbacks (F)			W.
Approval: City: Date:	Flood: (A) (V)	(N) BFE+2ft= Permit Fee	M500
Comment:		Permit Fee	\$



Print



Application Number (office use)



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

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

Cavinean & Catas Building and Davelonment Company		Glizlia
APPLICANT'S NAME: Caviness & Cates Building and Development Company	CITY: Wilmington	Date: 9 13 1 ) ZIP: 28409
PROJECT ADDRESS: LOLAY SUCCE GUM DIVE	LOT #:	31 ZIP: 20403
SUBDIVISION: Turn Weeds in	LOT #	<i>Z</i>
PROPERTY OWNER'S NAME: Caviness & Cates Building and Development Compar	ny PHONE #: (910) 77	
OWNER'S ADDRESS: 639 Executive Place Ste 400	CITY: Fayettevillle	ZIP: 28305
CONTRACTOR: Caviness & Cates Building and Development Company	BLDG I	LICENSE #: 61272
ADDRESS: 639 Executive Place Ste 400		ST: NC ZIP: 28305
EMAIL ADDRESS: pam@cavinessandcates.com	PHONE: (910) 7	
PROJECT CONTACT PERSON: Stephen Dean	PHONE: (910) 2	237-6731
<b>EXISTING CONSTRUCTION:</b> □ Alteration □ Renovation □ General Repairs		
NEW CONSTRUCTION: E Erect New Residence  Addition to Existing Residence	ence  Relocation	
*** <u>PLEASE CHECK AND ANSWER BELOW ALL THA</u>	AT APPLY TO YOUR PROJECT**	*
■ Att Garage (SF) ☐ Det Garage (SF) ☐	Porch (SF	F) <u>241</u>
□ Sunroom (SF) □ Pool (SF)	Storage S	Shed (SF)
☐ Greenhouse (SF) ☐ Deck (SF)	Other (SF	F)
Is the proposed work changing the existing footprint?   Yes  No	DER	
TOTAL SQ FT UNDER ROOF (for proposed work) Heated: 3000	Unheated:	=
TOTAL PROJECT COST (Less Lot): \$ 39.000		
Is the proposed work changing the number of bedrooms?		
Description of Work: NEW RESIDENTIAL CONSTRUCTION		
DISCLAIMER: I hereby certify that all the information in this application is correct and all work will always and ordinances and regulations. The NHC Development Services Center will be notified of any information. ***NOTE: Any work performed without the appropriate permits will be in violation of Owner/Contractor:  Pamela Geddie for Caviness & Cates  Signature	changes in the approved plans and spo f the NC state Bldg Code and subject to	edifications or change in contractor
"Licensed Qualifier" Print Name	J. Cot Mayor I I I a	
Is the property located in a floodplain?   Yes  No		
Existing Impervious Area:Sq Ft Total Acres Distu	irbed: 1 205±	
New Impervious Area 2912 ± Sq Ft Existing Land Dis	turbing Permit: 🗆 Yes 💢 No	)
<b>WATER:</b> ■ CFPUA □ Community System □ Private Well □ Central Well	☐ Aqua	
SEWER: ■ CFPUA □ Community System □ Private Septic □ Central Sep	otic 🗆 Aqua	
Zone: Officer: Setbacks (F) (LH) (RH)	_(B)	
Approval: City: Date: Flood: (A) (V)	(N) BFE+2ft=	inson
Comment:	Permi	it Fee:\$ 1753.00

Print



2017 - 9987 135EP 17 12:39PM

> Application Number (office use)



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

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

0 ' 0 0 1 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1		01,3/12
APPLICANT'S NAME: Caviness & Cates Building and Development Company	Date Wilmington	:
PROJECT ADDRESS: Was Super Gum Drive SUBDIVISION: Tarin Woods II	CITY: Wilmington	ZIP: 20409
SUBDIVISION: 14mm Weeds in		
PROPERTY OWNER'S NAME: Caviness & Cates Building and Development Compar	ny PHONE #: (910) 778-790	
OWNER'S ADDRESS: 639 Executive Place Ste 400	CITY: Fayettevillle	ZIP: 28305
CONTRACTOR: Caviness & Cates Building and Development Company	DI DO LIGINI	or " 61272
ADDRESS: 639 Executive Place Ste 400	CITY: Fayetteville ST:	NC ZIP: 28305
EMAIL ADDRESS: pam@cavinessandcates.com	PHONE: (910) 778-790	
EMALE ADDITION.		
PROJECT CONTACT PERSON: Stephen Dean	PHONE: (910) 237-67	731
<b>EXISTING CONSTRUCTION:</b> □ Alteration □ Renovation □ General Repairs		
$\textbf{NEW CONSTRUCTION} : \; \blacksquare \; \; \text{Erect New Residence} \; \; \square \; \; \text{Addition to Existing Residence}$	ence 🗆 Relocation	
***PLEASE CHECK AND ANSWER BELOW ALL THA	AT APPLY TO YOUR PROJECT***	
■ Att Garage (SF) ☐ 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?	001	
TOTAL SQ FT UNDER ROOF (for proposed work) Heated: 3,149	Unheated: 189	
TOTAL PROJECT COST (Less Lot): \$ 236.000		
Is the proposed work changing the number of bedrooms?   Yes  No		
Is any <b>Electrical</b> , <b>Plumbing</b> or <b>Mechanical</b> work being done to the Accessory Str		
If the project is a <b>Relocation</b> , 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 of	ther applicable State and local
laws and ordinances and regulations. The NHC Development Services Center will be notified of a fly information. ***NOTE: Any work performed without the appropriate permits will be in violation of	changes in the approved plans and specificati	ions or change in contractor
1		dd.
Owner/Contractor: Pamela Geddie for Caviness & Cates "Licensed Qualifier" Print Name  Signature	Kindle M Dec	iaq
the state of the s		
Is the property located in a floodplain? 🗌 Yes 🗏 No	100+	
	rbed:1 18り±	
New Impervious Area: 3.020 Sq Ft Existing Land Dist	turbing Permit: 🗆 Yes 🕱 No	
WATER: ■ CFPUA □ Community System □ Private Well □ Central Well	☐ Aqua	
SEWER: ☐ CFPUA ☐ Community System ☐ Private Septic ☐ Central Sep	tic 🗆 Aqua	
Zone: Officer: Setbacks (F) (LH) (RH)	(B)	
Approval: City: Date: Flood: (A) (V)		0-1
Comment:	Permit Fee:	\$ 1,806.00



Clear Form

Print



2017 - 9990 135EP 17 12:38

> 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 PROJECT ADDRESS: 6129 Sweet Gum Dove CITY: Wilmington SUBDIVISION: Tarin Woods II LOT #: PROPERTY OWNER'S NAME: Caviness & Cates Building and Development Company PHONE #: (910) 778-7902 CITY: Fayetteville ZIP: 28305 OWNER'S ADDRESS: 639 Executive Place Ste 400 CONTRACTOR: Caviness & Cates Building and Development Company BLDG LICENSE #: 61272 ADDRESS: 639 Executive Place Ste 400 ST: NC ZIP: 28305 EMAIL ADDRESS: pam@cavinessandcates.com PHONE: (910) 778-7902 \_\_\_\_\_PHONE: (910) 237-6731 PROJECT CONTACT PERSON: Stephen Dean **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\*\*\* ☐ Det Garage (SF) ☐ Storage Shed (SF) \_\_\_\_\_ ☐ Sunroom (SF) \_\_\_\_\_ ☐ Pool (SF) ☐ Other (SF) ☐ Greenhouse (SF) ☐ Deck (SF) Is the proposed work changing the existing footprint? ☐ Yes ■ No TOTAL SQ FT UNDER ROOF (for proposed work) Heated: 2.035 Unheated: 77 TOTAL PROJECT COST (Less Lot): \$205,000 Is the proposed work changing the number of bedrooms?  $\square$  Yes  $\blacksquare$  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 "Licensed Qualifier" Is the property located in a floodplain? 

Yes 
No Total Acres Disturbed: 200 Existing Impervious Area: Existing Land Disturbing Permit: 
Yes X No WATER: ■ CFPUA □ Community System □ Private Well □ Central Well □ Aqua SEWER: 🗏 CFPUA 🗆 Community System 🗅 Private Septic 🗅 Central Septic 🗀 Aqua Zone: Officer: Setbacks (F) (LH) (RH) (B) Approval: \_\_\_\_\_ City: \_\_\_\_ Date: \_\_\_\_ Flood: (A) \_\_\_\_ (V) \_\_\_ (N) \_\_\_ BFE+2ft= \_\_\_\_Permit Fee: \$ 1576.00



Clear Form

Print



2017-9992

2-297
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 CITY: Wilmington PROJECT ADDRESS: 1124 Canopy wall SUBDIVISION: Tarin Woods II PROPERTY OWNER'S NAME: Caviness & Cates Building and Development Company PHONE #: (910) 778-7902 CITY: Fayetteville ZIP: 28305 OWNER'S ADDRESS: 639 Executive Place Ste 400 CONTRACTOR: Caviness & Cates Building and Development Company BLDG LICENSE #: 61272 CITY: Fayetteville ST: NC ZIP: 28305 ADDRESS: 639 Executive Place Ste 400 EMAIL ADDRESS: pam@cavinessandcates.com PHONE: (910) 778-7902 PHONE: (910) 237-6731 PROJECT CONTACT PERSON: Stephen Dean **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) ☐ Storage Shed (SF) \_\_\_\_\_ ☐ Sunroom (SF) ☐ Other (SF) ☐ Greenhouse (SF) ☐ Deck (SF) Is the proposed work changing the existing footprint? ☐ Yes ■ No TOTAL SQ FT UNDER ROOF (for proposed work) Heated: TOTAL PROJECT COST (Less Lot): \$ Is the proposed work changing the number of bedrooms?  $\square$  Yes  $\blacksquare$  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 change 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 "Licensed Qualifier" Is the property located in a floodplain? 

Yes 
No Total Acres Disturbed: Existing Impervious Area: New Impervious Area: 3.311 4 Existing Land Disturbing Permit: 

Yes 
No WATER: ■ CFPUA □ Community System □ Private Well □ Central Well □ Aqua Zone: \_\_\_\_\_ Officer: \_\_\_\_ Setbacks (F) \_\_\_\_ (LH) \_\_\_\_ (RH) \_\_\_\_ (B) \_\_\_\_ Approval: City: Date: Flood: (A) (V) (N) BFE+2ft= Permit Fee: \$ \ \ \ \ 82.00 Comment:



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

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

2017-9995 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 #: 2	:04
PROPERTY OWNER'S NAME: Bill Clark Homes of Wilmington, LLC	SUGNE # 010 35	50 1744
OWNER'S ADDRESS: 127 Racine Drive, Suite 201	PHONE #: 910.35 CITY: Wilmington	
OWNER 3 ADDRESS. 121 Transito 2017	CITI. Villington	ZIP
CONTRACTOR: Bill Clark Homes of Wilmington, LLC		LICENSE #: 34586
ADDRESS: 127 Racine Drive, Suite 201	city: Wilmington	
EMAIL ADDRESS: cbain@billclarkhomes.com	PHONE: 910.3	50.1744
PROJECT CONTACT PERSON: Courtney Bain	PHONE: 910.3	350.1744
<b>EXISTING CONSTRUCTION:</b> □ Alteration □ Renovation □ General Repairs		
NEW CONSTRUCTION: ☐ Erect New Residence ☐ Addition to Existing Residen	nce  Relocation	
***PLEASE CHECK AND ANSWER BELOW ALL THAT	APPLY TO YOUR PROJECT**	*- 152
Att Garage (SF) 448 Det Garage (SF)		F) bovered-124
□ Sunroom (SF) □ Pool (SF)	☐ Storage	Shed (SF)
☐ Greenhouse (SF) ☐ Deck (SF)	Other (S	F) <u>Patro-90</u>
Is the proposed work changing the existing footprint? $\Box$ Yes $\boxdot$ No		
TOTAL SQ FT UNDER ROOF (for proposed work) Heated: 1519 U	Inheated: 724	<b></b>
TOTAL PROJECT COST (Less Lot): \$ 107, 625		
Is the proposed work changing the number of bedrooms?    Yes    No Is any Electrical, Plumbing or Mechanical work being done to the Accessory Struct If the project is a Relocation, is there a Natural Gas Line on the current site?    Structure Electrical Power on this Building?    Yes    No		
Property Use/ Occupancy: 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 cor laws and ordinances and regulations. The NHC Development Services Center will be notified of any chinformation. ***NOTE: Any work performed without the appropriate permits will be in violation of the	nanges in the approved plans and species NC State Bldg Code and subject to	ecifications or change in contractor fines up to \$500.00***
Owner/Contractor: Courtney Bain Signature:	Contrapo	M
"Licensed Qualifier" Print Name	U	
Is the property located in a floodplain?   Yes  No	0.11	
Existing Impervious Area: Sq Ft Total Acres Disturb		
	rbing Permit:  Yes  No	RASS
WATER: ☑ CFPUA ☐ Community System ☐ Private Well ☐ Central Well ☐		
SEWER: CFPUA Community System Private Septic Central Septic		
Zone: Officer: Setbacks (F) (LH) (RH) (I		
Approval: City: Date: Flood: (A) (V) (N		
Comment: *DISCLAIMER: SUBMITTING THIS APPLICATION MEANS THAT THE SUBMITTAL CHARGE IS	NON-REFUNDABLE Permit	t Fee: \$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \



# 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.

Wilmington, for this work that will be done in the City of Wilmington.

Thave 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:

Donty Warin	Courtne	ey Bain	09/14/2017
Signature	Printe	d Name	Date
Address for the proposed residential	work:	2216 Lakeside Circle	



Print



2017-9983 135EP 17 12:38PM

> Application Number (office use)

# NEW HANOVER COUNTY BUILDING PERMIT APPLICATION TYPE: RESIDENTIAL

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

	¥	0/12/10
APPLICANT'S NAME: Caviness & Cates Building and Development Company	Date:	9/15/17
PROJECT ADDRESS: 6125 Sweet Gum 1) mc		ZIP: 28409
SUBDIVISION: Tarin Woods II	LOT #: 19	
PROPERTY OWNER'S NAME: Caviness & Cates Building and Development Compa	any PHONE #: (910) 778-7902	
OWNER'S ADDRESS: 639 Executive Place Ste 400	CITY: Fayettevillle	ZIP: 28305
CONTRACTOR: Caviness & Cates Building and Development Company	DI DO LIGINOS	61272
ADDRESS: 639 Executive Place Ste 400	CITY: Fayetteville ST: N	#: 01272 C_ZIP: 28305
EMAIL ADDRESS: pam@cavinessandcates.com	PHONE: (910) 778-7902	
EMAIL ADDITION.		
PROJECT CONTACT PERSON: Stephen Dean	PHONE: (910) 237-673	1
EXISTING CONSTRUCTION: ☐ Alteration ☐ Renovation ☐ General Repairs	i	
NEW CONSTRUCTION: Erect New Residence  Addition to Existing Residence	dence  Relocation	
***PLEASE CHECK AND ANSWER BELOW ALL TH	AT APPLY TO YOUR PROJECT***	10
■ Att Garage (SF) □ Det Garage (SF) □	Porch (SF)	12
□ Sunroom (SF) □ Pool (SF)	Storage Shed (SF	:)
☐ Greenhouse (SF) ☐ Deck (SF)	☐ Other (SF)	
is the proposed work changing the existing footprint?   Yes  No	OIO	
TOTAL SQ FT UNDER ROOF (for proposed work) Heated: 2905	Unheated:	
TOTAL PROJECT COST (Less Lot): \$ 236.000		
Is the proposed work changing the number of bedrooms?		
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 laws and ordinances and regulations. The NHC Development Services Center will be notified of an information. ***NOTE: Any work performed without the appropriate permits will be in violation of Owner/Contractor: Pamela Geddie for Caviness & Cates  Signature	y changes in the approved plans and specification	ns or change in contractor
"Licensed Qualifier" Print Name		00-7
Is the property located in a floodplain?   Yes  No	1	
Existing Impervious Area: Sq Ft Total Acres Dist	urbed: <u>205</u> ±	
1	sturbing Permit: 🗆 Yes 🛱 No	
<b>WATER:</b> ■ CFPUA □ Community System □ Private Well □ Central Wel	II 🗆 Aqua	
SEWER: 🗏 CFPUA 🗌 Community System 🗎 Private Septic 🗌 Central Se	ptic 🗆 Aqua	
Zone: Officer: Setbacks (F) (LH) (RH)	(B)	
Approval: City: Date: Flood: (A) (V)  Comment:	_ (N) BFE+2ft=	1642 00
Comment:	Permit Fee: \$	1905,00

# NEW HANOVER COUNTY BUILDREG PERMIT

PLEASE ANSWER ALL QUESTIONS APPLICABLE TO FOUR PROJECTO

"Project Responsibility"

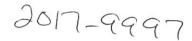
PERMIT FEE: \$\_\_\_\_\_

APPI TCATION Number (Office Use)

APPLICANT'S NAME: PHONE #: 9/9-920-DEVELOPER: Chestrut St. # "Downtown" CITY: Wilming Don PROJECT ADDRESS: OCCUPANT/BUSINESS NAME: NH PHONE #: 9/0-798 PROPERTY OWNER'S NAME: NEW OWNER'S ADDRESS: 200 LICENSE #: CITY: Goldsbord PHONE #: 919-736-2 EMAIL ADDRESS: tim @nationwide-electric, com PHONE #: 919-928-4 lim Rarnes PROJECT CONTACT PERSON: (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: FRECT NEW STRUCTURE FAST TRACK SHELL UPFIT ADD TO EXIST STRUCTURE ACCESSORY STRUCTURE: Is Elect Power on this Building X Yes If UPFIT - The Shell Permit #: \*\*\*\*\* IS THIS A CHANGE OF OCCUPANCY USE? YES NO \*\*\*\*\* IF Yes, what was the Previous Occupancy Type? \_\_\_\_\_ What is the New Occupancy Type? \_\_\_\_ NC REG #: \_\_ ARCH DESIGN PROFESSIONAL: ENGR DESIGN PROFESSIONAL: DESCRIPTION OF WORK: Realacing 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\*\*\* Timothy SIGNATURE: d OWNER/CONTRACTOR: (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: 28 K BUILDING HEIGHT: # OF UNITS: # OF STORIES: SQ FT PER FLR: TOTAL AREA SQ FT: # OF STRUCTURES: # OF FLOORS: \_\_\_ TOTAL SQ FT UNDER ROOF: EXST LAND DISTURBING PERMIT? YES NO ACRES DISTURBED: \_ SQ F7 SQ FT EXISTING IMPERVIOUS AREA: \_\_\_\_\_ NEW IMPERVIOUS AREA: PROPERTY USE: OFFICE RESTAURANT MERCANTILE EDUC APT CONDO OTHER: ZONING USE CLASSIFICATION: WATER: CFPUA COMMUNITY SYSTEM WELL SEWER: CFPUA CENTRAL SEPTIC PRIVATE SEPTIC COMMUNITY SYSTEM \*\*\* SEPARATE PERMITS REQUIRED FOR ELECT, MECH, PLBG, GAS EQUIP, PREFABS & INSERTS \*\*\* PAYMENT METHOD: CASH CHECK (PAYABLE TO NHC) AMERICAN EXPRESS MC/VISA DISCOVER REVISED DATE 4/11/12 (FOR OFFICE USE ONLY) SETBACKS: F:\_\_\_LH:\_\_\_RH:\_ Approval:

replace expired permit 11-11527

# RECEIVED SEP 1 9 2017





#### NEW HANOVER COUNTY BUILDING PERMIT

APPLICATION TYPE: COMMERCIAL

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

replaces expired

# RECEIVED SEP 1 9 2017

2017-9998

# NEW HANOVER COUNTY BUILDING PERMIT

APPLICATION TYPE: COMMERCIAL

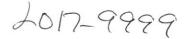
PLEASE ANSWER ALL QUESTIONS APPLICABLE TO YOUR PROJECT

"Project Responsibility"

APPLICANT'S NAME: Highland Roofing Company	DATE: 09/18/2017
DEVELOPER: N/A	
DEVELOPER: N/A  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	
PROJECT CONTACT PERSON: Iain Fergusson	
***************************************	
EXIST CONSTRUCTION: ALTERATION RENOVATION GENERAL REPAIRS  If Relocation, is there a Natural Gas Line on the Current Site? Yes No IS BLDG SPRIN	
NEW CONSTRUCTION: ERECT NEW STRUCTURE FAST TRACK SHELL UPFIT ACCESSORY STRUCTURE:	ADD TO EXIST STRUCTURE
If UPFIT - The Shell Permit #: Is Elect Power on thi	s Building Yes NO
***** IS THIS A CHANGE OF OCCUPANCY USE? YES IN NO ***	
IF Yes, what was the Previous Occupancy Type? What is the New Oc	cupancy Type?
ARCH DESIGN PROFESSIONAL: PH: 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 Bui and local laws and ordinances and regulations. The NHC Development Services Center will be notified of any changes in or change in contractor or contractor information. ***NOTE: Any Work Performed W/O the Appropriate Permits will be in Subject to Fines Up To \$500.00***	Iding Cost and all other applicable State n the approved plans and specifications Violation of the NC State Bldg Code and
OWNER/CONTRACTOR: Highland Roofing Company SIGNATURE:	
(Qualifier) (Print Name)	
Note: Demolition notifications & asbestos removal permit applications are to be submitted using the application form (DHÄS-376 contain Asbestos or not. You are required to call the National Emission Standards for Hazardous Air Pollutants (NESHAP) at (91 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:
	STORIES: 3
TOTAL SQ FT UNDER ROOF: 8000 # OF STRUCTURES: # OF	FLOORS: 3
ACRES DISTURBED: EXST LAND DISTURBING PER	RMIT? TYES TNO
NEW IMPERVIOUS AREA: SQ FT EXISTING IMPERVIOUS AREA	
PROPERTY USE: ☐OFFICE ☐RESTAURANT ☐MERCANTILE ☐EDUC ☑APT ☐CC	
WATER: COMMUNITY SYSTEM WELL ZONING USE CL	ASSIFICATION:
SEWER: CFPUA CENTRAL SEPTIC PRIVATE SEPTIC COMMUNITY SYSTE	
*** SEPARATE PERMITS REQUIRED FOR ELECT, MECH, PLBG, GAS EQUIP, PREFABS & INSERTS	***
PAYMENT METHOD: CASH CHECK (PAYABLE TO NHC) BILL ACCOUNT MC/	
(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	FRMIT FEE: \$
Omment	ERMITEE. 2

replaces expired #11-1532

# RECEIVED SEP 1 9 2017





# NEW HANOVER COUNTY BUILDING PERMIT

APPLICATION TYPE: COMMERCIAL

PLEASE ANSWER ALL QUESTIONS APPLICABLE TO YOUR PROJECT

"Project Responsibility"

ADDITION TO MAKE WELL AND A DESCRIPTION OF THE PROPERTY OF THE	DATE: 00/10/0015
APPLICANT'S NAME: Highland Roofing Company	DATE: 09/18/2017
DEVELOPER: N/A PROJECT ADDRESS: 7100 Cape Harbor Drive CITY: Wilmington	7TD: 20411
	211 • 20411
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	
ADDRESS: 4310 Deer Creek Lane CITY: Wilmington	ST: NC 7IP: 28405
EMAIL ADDRESS: Admin@highlandroofingcompany.com	PHONE #: 910-798-0155
PROJECT CONTACT PERSON: Iain Fergusson	PHONE #: 910-789-0155
EXIST CONSTRUCTION: ☐ ALTERATION ☐ RENOVATION ✓ GENERAL REPAIRS ☐ If Relocation, is there a Natural Gas Line on the Current Site? ☐ Yes ☐ No IS BLDG SPRINK	RELOCATION LERED? Yes No
NEW CONSTRUCTION: ERECT NEW STRUCTURE FAST TRACK SHELL UPFIT CACCESSORY STRUCTURE:	ADD TO EXIST STRUCTURE
If UPFIT - The Shell Permit #: Is Elect Power on this	Building Yes NO
***** IS THIS A CHANGE OF OCCUPANCY USE? Tyes I No ****	**
IF Yes, what was the Previous Occupancy Type? What is the New Occu	
ARCH DESIGN PROFESSIONAL: PH:	NC REG #:
ARCH DESIGN PROFESSIONAL: PH: 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 I	n The Floodplain? Yes No
DISCLAIMER: I hereby certify that all information in this application is correct and all work will comply with the State Buildi and local laws and ordinances and regulations. The NHC Development Services Center will be notified of any changes in or change in contractor or contractor information. ***NOTE: Any Work Performed W/O the Appropriate Permits will be in Vi Subject to Fines Up To \$500.00***	ing Code and all other applicable State the approved plans and specifications iolation of the NC State Bldg Code and
OWNER/CONTRACTOR: Highland Roofing Company SIGNATURE:	
(Qualifier) (Print Name)  Note: Demolition notifications & asbestos removal permit applications are to be submitted using the application form (DHRS-3768) contain Asbestos or not. You are required to call the National Emission Standards for Hazardous Air Pollutants (NESHAP) at (919) demolition of any facility or building. See Asbestos Web Site: http://www.epi.state.nc.us/epi/asbestos/ahmp.html	) whether the facility or building was found to
TOTAL PROJECT COST: 13857 BUILDING HEIGHT: #OF U	NITS:
TOTAL AREA SQ FT : 8000 SQ FT PER FLR: # OF ST	TORIES: 3
TOTAL AREA SQ FT : 8000         SQ FT PER FLR: # OF ST           TOTAL SQ FT UNDER ROOF: 8000         # OF STRUCTURES: # OF FL	OORS: 3
ACRES DISTURBED: EXST LAND DISTURBING PER	MIT? TYES THO
ACRES DISTURBED: EXST LAND DISTURBING PERINEW IMPERVIOUS AREA: SQ FT EXISTING IMPERVIOUS AREA:	SO FT
PROPERTY USE: ☐OFFICE ☐RESTAURANT ☐MERCANTILE ☐EDUC ☑APT ☐COM	
WATER: CFPUA COMMUNITY SYSTEM WELL ZONING USE CLAS	
SEWER: CFPUA CENTRAL SEPTIC PRIVATE SEPTIC COMMUNITY SYSTEM	И
*** SEPARATE PERMITS REQUIRED FOR ELECT, MECH, PLBG, GAS EQUIP, PREFABS & INSERTS ***  PAYMENT METHOD: CASH CHECK (PAYABLE TO NHC) BILL ACCOUNT MC/V	
***************************************	****
(FOR OFFICE USE ONLY)	REVISED DATE 4/11/12
ZUNE: UFFICER: SETBACKS: F: LH: RH:	DEE+26-
ZONE:         OFFICER:         SETBACKS: F:         LH:         RH:           Approval:         City:         DATE:         FLOOD:         A         V         N	DFC7211=
	RMIT FEE: \$

replexpired permit

# RECEIVED SEP 1 9 2017

2017-10000



# NEW HANOVER COUNTY BUILDING PERMIT

APPLICATION TYPE: COMMERCIAL

PLEASE ANSWER ALL QUESTIONS APPLICABLE TO YOUR PROJECT

"Project Responsibility"

APPLICANT'S NAME: Highland Roofing Company	DATE: 09/18/2017
DEVELOPER: N/A PROJECT ADDRESS: 7105 Cape Harbor Drive CITY: Wil	PHONE #:
PROJECT ADDRESS: 7105 Cape Harbor Drive CITY: Wil	mington 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	on ST: NC ZIP: 28411
CONTRACTOR: Highland Roofing Company LICENSE #: NC	
ADDRESS: 4310 Deer Creek Lane CITY: Wilmington	DHONE #: 010 700 0155
EMAIL ADDRESS: Admin@highlandroofingcompany.com PROJECT CONTACT PERSON: Iain Fergusson	PHONE #: 910-798-0155
	FILONE #. 910-769-0155
EXIST CONSTRUCTION: ALTERATION RENOVATION GENERAL REPARABLE REPARATION, is there a Natural Gas Line on the Current Site? No IS BL	AIRS RELOCATION DG SPRINKLERED? Yes No
NEW CONSTRUCTION:	
If UPFIT - The Shell Permit #: Is Elect Power	
***** IS THIS A CHANGE OF OCCUPANCY USE? YES	NO *****
IF Yes, what was the Previous Occupancy Type? What is the	
ARCH DESIGN PROFESSIONAL: PH:  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 Proper	ty Located In The Floodplain? Yes 🔳 No
DISCLAIMER: I hereby certify that all information in this application is correct and all work will comply with and local laws and ordinances and regulations. The NHC Development Services Center will be notified of a or change in contractor or contractor information. ***NOTE: Any Work Performed W/O the Appropriate Perro Subject to Fines Up To \$500.00***	
OWNER/CONTRACTOR: Highland Roofing Company SIGNATU	RE:
(Qualifier) (Print Name)  Note: Demolition notifications & asbestos removal permit applications are to be submitted using the application for contain Asbestos or not. You are required to call the National Emission Standards for Hazardous Air Pollutants (Ni 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
	RBING PERMIT? YES NO
	DUS AREA:SQ FT
PROPERTY USE: ☐OFFICE ☐ RESTAURANT ☐ MERCANTILE ☐ EDUC ☑ A	
WATER: CFPUA COMMUNITY SYSTEM WELL ZONING SEWER: CFPUA CENTRAL SEPTIC PRIVATE SEPTIC COMMUNI	
*** SEPARATE PERMITS REQUIRED FOR ELECT, MECH, PLBG, GAS EQUIP, PREFABS	
PAYMENT METHOD: CASH CHECK (PAYABLE TO NHC) BILL ACCOUNT	
(FOR OFFICE USE ONLY)	REVISED DATE 4/11/12
ZONE:OFFICER:SETBACKS: F:LH:	
Approval: City: DATE: FLOOD:	
Comment A V	N PERMIT FEE: \$

replaces expined # 11-11534

# RECEIVED SEP 1 9 2017

2017-10002



## NEW HANOVER COUNTY BUILDING PERMIT

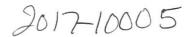
APPLICATION TYPE: COMMERCIAL

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

APPLICANT'S NAME: Highland Roofing Company	DATE: 09/18/2017
DEVELOPER: N/A PROJECT ADDRESS: 7106 Cape Harbor Drive CITY: Wilmington	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  ADDRESS: 4310 Deer Creek Lane  LICENSE #: NC 67180  CITY: Wilmington	
EMAIL ADDRESS: Admin@highlandroofingcompany.com	PHONE #: 910-798-0155
PROJECT CONTACT PERSON: Iain Fergusson	PHONE #: 910-789-0155
EXIST CONSTRUCTION: ALTERATION RENOVATION GENERAL REPAIRS FROM IS BLDG SPRINKI	RELOCATION LERED?  Yes No
NEW CONSTRUCTION: ERECT NEW STRUCTURE FAST TRACK SHELL UPFIT ACCESSORY STRUCTURE:	
If UPFIT - The Shell Permit #: Is Elect Power on this	Building Yes NO
***** IS THIS A CHANGE OF OCCUPANCY USE? YES INO ****	
IF Yes, what was the Previous Occupancy Type? What is the New Occu	pancy Type?
ARCH DESIGN PROFESSIONAL: PH: 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 INO
DISCLAIMER: I hereby certify that all information in this application is correct and all work will comply with the State Buildi and local laws and ordinances and regulations. The NHC Development Services Center will be notified of any changes in to change in contractor or contractor information. ***NOTE: Any Work Performed W/O the Appropriate Permits will be in Vi Subject to Fines Up To \$500.00***	ng Code and all other applicable State he approved plans and specifications olation of the NC State Bldg Code and
OWNER/CONTRACTOR: Highland Roofing Company SIGNATURE:	1
(Qualifier) (Print Name)  Note: Demolition notifications & asbestos removal permit applications are to be submitted using the application form (DHHS-3768) contain Asbestos or not. You are required to call the National Emission Standards for Hazardous Air Pollutants (NESHAP) at (919) demolition of any facility or building. See Asbestos Web Site: http://www.epi.state.nc.us/epi/asbestos/ahmp.html	whether the facility or building was found to
TOTAL PROJECT COST: 13857 BUILDING HEIGHT: #OF UI	NITS:
TOTAL AREA SQ FT : 8000 SQ FT PER FLR: #OF ST	ORIES: 3
TOTAL SQ FT UNDER ROOF: 8000 # OF STRUCTURES: # OF FL	.OORS: 3
ACRES DISTURBED: EXST LAND DISTURBING PERM	AIT? YES NO
NEW IMPERVIOUS AREA:SQ FT EXISTING IMPERVIOUS AREA:	SQ FT
PROPERTY USE:OFFICERESTAURANTMERCANTILEEDUCAPTCOM	IDO OTHER:
WATER: ☐ CFPUA ☐ COMMUNITY SYSTEM ☐ WELL ☐ ZONING USE CLASSEWER: ☐ CFPUA ☐ CENTRAL SEPTIC ☐ PRIVATE SEPTIC ☐ COMMUNITY SYSTEM	SSIFICATION:
*** SEPARATE PERMITS REQUIRED FOR ELECT, MECH, PLBG, GAS EQUIP, PREFABS & INSERTS ***	
PAYMENT METHOD: CASH CHECK (PAYABLE TO NHC) BILL ACCOUNT MC/	ISA DISCOVER
***************************************	DE MOSE DATE ANAMA
ZONE:OFFICER:SETBACKS: F:LH:RH:	REVISED DATE 4/11/12 B:
Approval: City: DATE: FLOOD:	BFE+2ft=
A V N	
Comment	RMIT FEE: \$

(eplaces expred # 11-11535

# RECEIVED SEP 1 9 2017





#### NEW HANOVER COUNTY BUILDING PERMIT

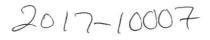
APPLICATION TYPE: COMMERCIAL

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

APPLICANT'S NAME: Highland Roofing Company	DATE: 09/18/2017
DEVELOPER: N/A PROJECT ADDRESS: 7109 Cape Harbor Drive CITY: Wilmington	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	
ADDRESS: 4310 Deer Creek Lane CITY: Wilmington	SI: NC ZIP: 28405
EMAIL ADDRESS: Admin@highlandroofingcompany.com PROJECT CONTACT PERSON: Iain Fergusson	PHONE #: 910-798-0155
	FIIONE #: 910-769-0155
(Check All That Apply)  EXIST CONSTRUCTION: ALTERATION RENOVATION GENERAL REPAIRS Repairs If Relocation, is there a Natural Gas Line on the Current Site? Yes No IS BLDG SPRINKL	ELOCATION .ERED? Yes No
NEW CONSTRUCTION: ERECT NEW STRUCTURE FAST TRACK SHELL UPFIT ACCESSORY STRUCTURE:	
If UPFIT - The Shell Permit #: Is Elect Power on this	
***** IS THIS A CHANGE OF OCCUPANCY USE? YES INO ****	
IF Yes, what was the Previous Occupancy Type? What is the New Occu	
ARCH DESIGN PROFESSIONAL: PH: PH:	NC REG #:
ENGR DESIGN PROFESSIONAL: PH: 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 Buildir and local laws and ordinances and regulations. The NHC Development Services Center will be notified of any changes in the or change in contractor or contractor information. ***NOTE: Any Work Performed W/O the Appropriate Permits will be in Vio Subject to Fines Up To \$500.00***	ng Code and all other applicable State ne approved plans and specifications platen of the NC State Bldg Code and
OWNER/CONTRACTOR: Highland Roofing Company SIGNATURE:	
(Qualifier) (Print Name)  Note: Demolition notifications & asbestos removal permit applications are to be submitted using the application form (DPAS-3768) contain Asbestos or not. You are required to call the National Emission Standards for Hazardous Air Pollutants (NESHAP) at (919): demolition of any facility or building. See Asbestos Web Site: http://www.epi.state.nc.us/epi/asbestos/ahmp.html	whether the facility or building was found to 707-5950 at least 10 days prior to the
TOTAL PROJECT COST: 13857 BUILDING HEIGHT: # OF UN	NITS:
TOTAL AREA SQ FT : 8000 SQ FT PER FLR: # OF ST	ORIES: 3
TOTAL SQ FT UNDER ROOF: 8000 # OF STRUCTURES: # OF FL	OORS: 3
ACRES DISTURBED: EXST LAND DISTURBING PERM	IIT? YES NO
ACRES DISTURBED: EXST LAND DISTURBING PERM NEW IMPERVIOUS AREA: SQ FT EXISTING IMPERVIOUS AREA:	SQ F
PROPERTY USE: OFFICE RESTAURANT MERCANTILE EDUC APT CON	
WATER: ☐ CFPUA ☐ COMMUNITY SYSTEM ☐ WELL ☐ ZONING USE CLASSEWER: ☐ CFPUA ☐ CENTRAL SEPTIC ☐ PRIVATE SEPTIC ☐ COMMUNITY SYSTEM	SIFICATION:
*** SEPARATE PERMITS REQUIRED FOR ELECT, MECH, PLBG, GAS EQUIP, PREFABS & INSERTS ***	
PAYMENT METHOD: CASH CHECK (PAYABLE TO NHC) BILL ACCOUNT MC/VI	
***************************************	*****
(FOR OFFICE USE ONLY)	REVISED DATE 4/11/12
ZONE:         OFFICER:         SETBACKS: F:         LH:         RH:         E           Approval:         City:         DATE:         FLOOD:         E	B; BFE+2ft=
A V N	/ L'411
Comment PEF	RMIT FEE: \$

replaces expired peut 11-11536

# RECEIVED SEP 1 9 2017





## NEW HANOVER COUNTY BUILDING PERMIT

APPLICATION TYPE: COMMERCIAL

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

APPLICANT'S NAME: Highland Roofing Company	DATE: 09/18/2017
DEVELOPER: N/A	PHONE #:
DEVELOPER: N/A PROJECT ADDRESS: 7113 Cape Harbor Drive C	ITY: Wilmington ZIP: 28411
OCCUPANT/BUSINESS NAME: Cape Harbor Apartment Homes	
PROPERTY OWNER'S NAME: Cape Harbor Apts./Bell Partners	DHONE # . 010 202 5411
OWNER'S ADDRESS: 7113 Cape Harbor Drive CITY:	
CONTRACTOR: Highland Roofing Company LICEN	SE #: NC 67180 ACCOUNT #:
ADDRESS: 4310 Deer Creek Lane CITY:	Wilmington ST: NC ZIP: 28405
EMAIL ADDRESS: Admin@highlandroofingcompany.com	
PROJECT CONTACT PERSON: Iain Fergusson	
(Check All That Apply	
EXIST CONSTRUCTION: ALTERATION RENOVATION GEN  If Relocation, is there a Natural Gas Line on the Current Site? Yes N	ERAL REPAIRS RELOCATION
NEW CONSTRUCTION: ERECT NEW STRUCTURE FAST TRACK ACCESSORY STRUCTURE:	
If UPFIT - The Shell Permit #: Is El	
***** IS THIS A CHANGE OF OCCUPANCY USE	
IF Yes, what was the Previous Occupancy Type?	
ARCH DESIGN PROFESSIONAL:  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	
DISCLAIMER: I hereby certify that all information in this application is correct and all work will and local laws and ordinances and regulations. The NHC Development Services Center will be or change in contractor or contractor information. ***NOTE: Any Work Performed W/O the App Subject to Fines Up To \$500.00***	I comply with the State Building Code and all other applicable State e notified of any changes in the approved plans and specifications propriate Permits will be in Violation of the NC State Bldg Code and
OWNER/CONTRACTOR: Highland Roofing Company	SIGNATURE:
(Qualifier) (Print Name)  Note: Demolition notifications & asbestos removal permit applications are to be submitted using the contain Asbestos or not. You are required to call the National Emission Standards for Hazardous Ai demolition of any facility or building. See Asbestos Web Site: http://www.epi.state.nc.us/epi/asbesto	application form (DHHS-3768) whether the facility or building was found to r Pollutants (NESHAP) at (919)707-5950 at least 10 days prior to the
TOTAL PROJECT COST: 13857 BUILDING HEIGHT:	# OF UNITS:
TOTAL AREA SQ FT : 8000 SQ FT PER FLR:	
TOTAL SQ FT UNDER ROOF: 8000 # OF STRUCTURES:	# OF FLOORS: 3
	ND DISTURBING PERMIT? YES NO
	SIMPERVIOUS AREA:SQ F
PROPERTY USE: OFFICE RESTAURANT MERCANTILE E	
WATER: CFPUA COMMUNITY SYSTEM WELL	ZONING USE CLASSIFICATION:
SEWER: CFPUA CENTRAL SEPTIC PRIVATE SEPTIC	COMMUNITY SYSTEM
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:           Approval:         City:DATE:FLOOD:	
Approvai:City:DATE:FLOOD:	V N
Comment	PERMIT FEE: \$





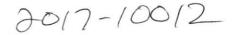
## NEW HANOVER COUNTY BUILDING PERMIT

APPLICATION TYPE: COMMERCIAL

PLEASE ANSWER ALL QUESTIONS APPLICABLE TO YOUR PROJECT

"Project Responsibility"

Astrono El		(*************************************
APPLICANT'S NAME: Highland Roofing Company		DATE: 09/18/2017
PROJECT ADDRESS: 6900 Cape Harbor Drive		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 Partne	rs	PHONE #: 910-392-5411
OWNER'S ADDRESS: 7113 Cape Harbor Drive CI	ITY: Wilmington	ST: NC ZIP: 28411
CONTRACTOR: <u>Highland Roofing Company</u> ADDRESS: 4310 Deer Creek Lane  CI	ICENSE #: NC 67180	ACCOUNT #:
EMAIL ADDRESS: Admin@highlandroofingcompany.com		
PROJECT CONTACT PERSON: Iain Fergusson		
		710 TO 103 0133
(Check All That EXIST CONSTRUCTION: ALTERATION RENOVATION VI	GENERAL REPAIRS RE	ERED? Yes No
NEW CONSTRUCTION: ERECT NEW STRUCTURE FAST TRA		
If UPFIT - The Shell Permit #:	s <b>Elect Power on this</b> B	uilding Yes NO
***** IS THIS A CHANGE OF OCCUPANC		
IF Yes, what was the Previous Occupancy Type?		ancy Type?
ARCH DESIGN PROFESSIONAL:	PH:	NC REG #:
ARCH DESIGN PROFESSIONAL:  ENGR DESIGN PROFESSIONAL:	PH:	NC REG #:
DESCRIPTION OF WORK: Shingle Replacement/ Inspection		
Is food or beverages prepared or served in this structure? Yes	lo Is The Property Located In	The Floodplain? Yes No
DISCLAIMER: I hereby certify that all information in this application is correct and all vand local laws and ordinances and regulations. The NHC Development Services Centor change in contractor or contractor information. ***NOTE: Any Work Performed W/O Subject to Fines Up To \$500.00***	work will comply with the State Building ler will be notified of any changes in the the Appropriate Permits will be in Viola	Code and all other applicable State approved plans and specifications abon of the NC State Bldg Code and
OWNER/CONTRACTOR: Highland Roofing Company	SIGNATURE:///	
(Qualifier) (Print Name)  Note: Demolition notifications & asbestos removal permit applications are to be submitted u contain Asbestos or not. You are required to call the National Emission Standards for Hazar	rdous Air Pollutants (NESHAP) at (919)70	
demolition of any facility or building. See Asbestos Web Site: http://www.epi.state.nc.us/epi		
TOTAL PROJECT COST: 13857 BUILDING HEIGHT: _		TS:
TOTAL AREA SQ FT : 8000 SQ FT PER FLR: TOTAL SQ FT UNDER ROOF: 8000 # OF STRUCTURES:		DRIES: 3
	ST LAND DISTURBING PERMI STING IMPERVIOUS AREA:	
PROPERTY USE: OFFICE RESTAURANT MERCANTILE	EDUC APT COND	
WATER: CFPUA COMMUNITY SYSTEM WELL	TZONING USE CLASS	SIFICATION:
SEWER: CFPUA CENTRAL SEPTIC PRIVATE SEPTIC		-
*** SEPARATE PERMITS REQUIRED FOR ELECT, MECH, PLBG, 0	GAS EQUIP, PREFABS & INSERTS ***	
PAYMENT METHOD: CASH CHECK (PAYABLE TO NHC)		
**************************************		*******
(FOR OFFICE USE ON		REVISED DATE 4/11/12
ZONE:OFFICER:SETBACKS: F: Approval: City:DATE:FLOOD:_	LH:BH:B	s: =E+2ft=
ApprovalDATEFLOOD	A V N	L . ZII.
Comment	., , , ,,	MIT FEE: \$



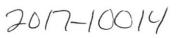


#### NEW HANOVER COUNTY BUILDING PERMIT

APPLICATION TYPE: COMMERCIAL

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

APPLICANT'S NAME: Highland Roofing Company	DATE: 09/18/2017			
PROJECT ADDRESS: 6901 Cape Harbor Drive CITY: Wilmington	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 7TP: 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 FROM REPORT AND ALTERATION FROM STRUCTION, is there a Natural Gas Line on the Current Site? Yes No IS BLDG SPRINKI	ELOCATION LERED? Yes No			
NEW CONSTRUCTION: ERECT NEW STRUCTURE FAST TRACK SHELL UPFIT CACCESSORY STRUCTURE:				
If UPFIT - The Shell Permit #: Is Elect Power on this				
***** IS THIS A CHANGE OF OCCUPANCY USE? YES INO ****				
IF Yes, what was the Previous Occupancy Type? What is the New Occu				
ARCH DESIGN PROFESSIONAL: PH: 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 Buildin and local laws and ordinances and regulations. The NHC Development Services Center will be notified of any changes in the or change in contractor or contractor information. ***NOTE: Any Work Performed W/O the Appropriate Permits will be in Visubject to Fines Up To \$500.00***	ng Code and all other applicable State ne approved plans and specifications detion of the NC State Bldg Code and			
OWNER/CONTRACTOR: Highland Roofing Company SIGNATURE:	1			
(Qualifier) (Print Name)  Note: Demolition notifications & asbestos removal permit applications are to be submitted using the application form (DHFIS-3768) contain Asbestos or not. You are required to call the National Emission Standards for Hazardous Air Poliutants (NESHAP) at (919) 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 UN	NITS:			
	ORIES: 3			
TOTAL SQ FT UNDER ROOF: 8000 # OF STRUCTURES: # OF FL	OORS: 3			
ACRES DISTURBED: EXST LAND DISTURBING PERM	IIT? TYES TNO			
ACRES DISTURBED: EXST LAND DISTURBING PERM NEW IMPERVIOUS AREA: SQ FT EXISTING IMPERVIOUS AREA:	SQFI			
PROPERTY USE: OFFICE RESTAURANT MERCANTILE EDUC APT CON				
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/VI	SA DISCOVER			
***************************************				
ZONE:OFFICER:SETBACKS: F:LH:RH:E Approval:City:DATE:FLOOD:E	REVISED DATE 4/11/12			
ZONE: OFFICER: SETBACKS: F: LH: RH:	B:			
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Comment PEF	RMIT FEE: \$			





# NEW HANOVER COUNTY BUILDING PERMIT

APPLICATION TYPE: COMMERCIAL

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

APPLICANT'S NAME: Highland Roofing Company	DATE: 09/18/2017
PROJECT ADDRESS: 6905 Cape Harbor Drive CITY: Wilming	PHONE #:
PROJECT ADDRESS: 6905 Cape Harbor Drive CITY: Wilming	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 671	
ADDRESS: 4310 Deer Creek Lane CITY: Wilmington	
EMATI ADDRESS: Admin@bighlandroofinggompany.gom	DHONE #: 010-709-0155
EMAIL ADDRESS: Admin@highlandroofingcompany.com PROJECT CONTACT PERSON: Iain Fergusson	PHONE #: 910-798-0155
PROJECT CONTACT PERSON. Tail reignsson	FIIONE W. 910-789-0155
EXIST CONSTRUCTION: ALTERATION RENOVATION GENERAL REPAIRS  If Relocation, is there a Natural Gas Line on the Current Site? Yes No IS BLDG S	RELOCATION SPRINKLERED? Yes No
NEW CONSTRUCTION: ERECT NEW STRUCTURE FAST TRACK SHELL U	PFIT ADD TO EXIST STRUCTURE
ACCESSORY STRUCTURE:	
If UPFIT - The Shell Permit #: Is Elect Power on	
***** IS THIS A CHANGE OF OCCUPANCY USE? YES	
IF Yes, what was the Previous Occupancy Type? What is the Ne	
ARCH DESIGN PROFESSIONAL: PH:	NC REG #:
ARCH DESIGN PROFESSIONAL: PH: PH:	NC REG #:
DESCRIPTION OF WORK: Shingle Replacement/ Inspection	
Is food or beverages prepared or served in this structure? Yes No Is The Property Lo	ocated In The Floodplain? Yes 🔳 No
DISCLAIMER: I hereby certify that all information in this application is correct and all work will comply with the St and local laws and ordinances and regulations. The NHC Development Services Center will be notified of any charge in contractor or contractor information. ***NOTE: Any Work Performed W/O the Appropriate Permits will 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 contain Asbestos or not. You are required to call the National Emission Standards for Hazardous Air Pollutants (NESHAI	HS-3768) whether the facility or building was found to
demolition of any facility or building. See Asbestos Web Site: http://www.epi.state.nc.us/epi/asbestos/ahmp.html	) at (0.10)/07-0000 at least 10 days prior to all
TOTAL PROJECT COST: 13857 BUILDING HEIGHT:	# OF UNITS:
	# OF STORIES: 3
TOTAL SQ FT UNDER ROOF: 8000 # OF STRUCTURES:	# OF FLOORS: 3
ACRES DISTURBED: EXST LAND DISTURBING	G PERMIT? YES NO
NEW IMPERVIOUS AREA: SQ FT EXISTING IMPERVIOUS	
PROPERTY USE: OFFICE RESTAURANT MERCANTILE EDUC APT	
WATER: CFPUA COMMUNITY SYSTEM WELL ZONING US	E CLASSIFICATION:
SEWER: CFPUA CENTRAL SEPTIC PRIVATE SEPTIC COMMUNITYS	SYSTEM
*** SEPARATE PERMITS REQUIRED FOR ELECT, MECH, PLBG, GAS EQUIP, PREFABS & IN:	
PAYMENT METHOD: CASH CHECK (PAYABLE TO NHC) BILL ACCOUNT	
	REVISED DATE 4/11/12
ZONE:OFFICER: SETBACKS: F:LH: RH	
Approval: City: DATE: FLOOD:	BFE+2ft=
A V	N
Comment	PERMIT FEE: \$





## NEW HANOVER COUNTY BUILDING PERMIT

APPLICATION TYPE: COMMERCIAL

PLEASE ANSWER ALL QUESTIONS APPLICABLE TO YOUR PROJECT

"Project Responsibility"

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		
		DUONE #1 010 000 5111
PROPERTY OWNER'S NAME: Cape Harbor Apts./Bell Parts		
OWNER'S ADDRESS: 7113 Cape Harbor Drive	CITY: Wilmington	SI: 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		
EXIST CONSTRUCTION: ALTERATION RENOVATION   Renovation   If Relocation, is there a Natural Gas Line on the Current Site? Yes	GENERAL REPAIRS RES NO IS BLDG SPRINKLI	ERED? Yes No
ACCESSORY STRUCTURE:		
If UPFIT - The Shell Permit #:	Is Elect Power on this B	Building 🗌 Yes 📗 NO
***** IS THIS A CHANGE OF OCCUPAN	ICY USE? YES NO *****	•
IF Yes, what was the Previous Occupancy Type?	What is the New Occup	pancy Type?
ARCH DESIGN PROFESSIONAL:	PH:	NC REG #:
ARCH DESIGN PROFESSIONAL:	PH:	NC REG #:
DESCRIPTION OF WORK: Shingle Replacement/ Inspection	on	
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 a and local laws and ordinances and regulations. The NHC Development Services Ce or change in contractor or contractor information. ***NOTE: Any Work Performed W Subject to Fines Up To \$500.00***	Il work will comply with the State Building enter will be notified of any changes in the O the Appropriate Permits will be in Viol	g Code and all other applicable State e approved plans and specifications lation of the NC State Bldg Code and
OWNER/CONTRACTOR: Highland Roofing Company	SIGNATURE:	
(Qualifier) (Print Name)  Note: Demolition notifications & asbestos removal permit applications are to be submitted contain Asbestos or not. You are required to call the National Emission Standards for Haddemolition of any facility or building. See Asbestos Web Site: http://www.epi.state.nc.us/e	d using the application form (DHHS-3768) vzardous Air Poliutants (NESHAP) at (919)7	
TOTAL PROJECT COST: 13857 BUILDING HEIGHT:	# OF UN	ITS:
TOTAL AREA SQ FT : 8000 SQ FT PER FLR:		
TOTAL SQ FT UNDER ROOF: 8000 # OF STRUCTURES	: # OF FLC	OORS: 3
ACRES DISTURBED: E NEW IMPERVIOUS AREA: SQ FT E	XST LAND DISTURBING PERMI	IT? YES NO
PROPERTY USE: OFFICE RESTAURANT MERCANTIL		
WATER: CFPUA COMMUNITY SYSTEM WELL SEWER: CFPUA CENTRAL SEPTIC PRIVATE SEPT  "SEPARATE PERMITS REQUIRED FOR ELECT, MECH, PLBC	TIC COMMUNITY SYSTEM	SIFICATION:
PAYMENT METHOD: CASH CHECK (PAYABLE TO NHC)		
(FOR OFFICE USE O	ONLY)	REVISED DATE 4/11/12
ZONE:OFFICER:SETBACKS:		
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Comment	DED	MIT FEE: \$





## NEW HANOVER COUNTY BUILDING PERMIT

APPLICATION TYPE: COMMERCIAL

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

	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			
EXIST CONSTRUCTION: ALTERATION RENOVATION GENERAL REPAIRS Relocation, is there a Natural Gas Line on the Current Site? No IS BLDG SPRINKL	ELOCATION ERED? Yes No			
NEW CONSTRUCTION: ERECT NEW STRUCTURE FAST TRACK SHELL UPFIT ACCESSORY STRUCTURE:	ADD TO EXIST 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 Occu	pancy Type?			
ARCH DESIGN PROFESSIONAL: PH:	NC REG #:			
ARCH DESIGN PROFESSIONAL: PH: PH:	NC REG #:			
DESCRIPTION OF WORK: Shingle Replacement/ Inspection				
Is food or beverages prepared or served in this structure? Yes In 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 Buildin and local laws and ordinances and regulations. The NHC Development Services Center will be notified of any changes in the or change in contractor or contractor information. ***NOTE: Any Work Performed W/O the Appropriate Permits will be in Vid Subject to Fines Up To \$500.00***	ng Cide and all other applicable State supering approved plans and specifications plation of the NC State Bldg Code and			
OWNER/CONTRACTOR: Highland Roofing Company SIGNATURE:				
(Qualifier) (Print Name)  Note: Demolition notifications & asbestos removal permit applications are to be submitted using the application form (QMHS-3768) contain Asbestos or not. You are required to call the National Emission Standards for Hazardous Air Pollutants (NESHAP) at (919)7 demolition of any facility or building. See Asbestos Web Site: http://www.epi.state.nc.us/epi/asbestos/ahmp.html	whether the facility or building was found to 707-5950 at least 10 days prior to the			
TOTAL PROJECT COST: 13857 BUILDING HEIGHT: # OF UN	NITS:			
TOTAL AREA SQ FT : 8000 SQ FT PER FLR: #OF ST	ORIES: 3			
TOTAL SQ FT UNDER ROOF: 8000 # OF STRUCTURES: # OF FL	OORS: 3			
ACRES DISTURBED: EXST LAND DISTURBING PERM	IT? YES NO			
NEW IMPERVIOUS AREA: SQ FT EXISTING IMPERVIOUS AREA:				
PROPERTY USE: OFFICE RESTAURANT MERCANTILE EDUC APT CON	DO 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/VI				
(FOR OFFICE USE ONLY)	REVISED DATE 4/11/12			
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CommentPEF	RMIT FEE: \$			

2017-10021



## NEW HANOVER COUNTY BUILDING PERMIT

APPLICATION TYPE: COMMERCIAL

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

Samme .	
APPLICANT'S NAME: Highland Roofing Company	
PROJECT ADDRESS: 7005 Cape Harbor Drive CITY: Wil	PHONE #:
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: Wilmingt	on ST: NC ZIP: 28411
CONTRACTOR: <u>Highland Roofing Company</u> ADDRESS: 4310 Deer Creek Lane  CITY: <u>Wilmingt</u>	ST: NO. 7TD: 28405
EMAIL ADDRESS: Admin@highlandroofingcompany.com	
PROJECT CONTACT PERSON: Iain Fergusson	
EXIST CONSTRUCTION: ALTERATION RENOVATION GENERAL REP  If Relocation, is there a Natural Gas Line on the Current Site? No IS BL	
NEW CONSTRUCTION: ERECT NEW STRUCTURE FAST TRACK SHELL ACCESSORY STRUCTURE:	UPFIT ADD TO EXIST STRUCTURE
If UPFIT - The Shell Permit #: Is Elect Power	r on this Building Yes NO
***** IS THIS A CHANGE OF OCCUPANCY USE? YES	NO *****
IF Yes, what was the Previous Occupancy Type? What is t	he New Occupancy Type?
ARCH DESIGN PROFESSIONAL: PH: 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 Prope	erty Located In The Floodplain? Yes 🔳 No
DISCLAIMER: I hereby certify that all information in this application is correct and all work will comply with and local laws and ordinances and regulations. The NHC Development Services Center will be notified of a or change in contractor or contractor information. ***NOTE: Any Work Performed W/O the Appropriate Peri Subject to Fines Up To \$500.00***	
OWNER/CONTRACTOR: Highland Roofing Company SIGNATU	IRE:
(Qualifier) (Print Name)  Note: Demolition notifications & asbestos removal permit applications are to be submitted using the application fo contain Asbestos or not. You are required to call the National Emission Standards for Hazardous Air Pollutants (N demolition of any facility or building. See Asbestos Web Site: http://www.epi.state.nc.us/epi/asbestos/ahmp.html	rm (DHHS-3768) whether the facility or building was found to
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 DISTU	RBING PERMIT? YES NO
NEW IMPERVIOUS AREA:SQ FT EXISTING IMPERVI	OUS AREA:SQ FT
PROPERTY USE: ☐OFFICE ☐RESTAURANT ☐MERCANTILE ☐EDUC ☑	APT CONDO OTHER:
WATER: CFPUA COMMUNITY SYSTEM WELL ZONIN SEWER: CFPUA CENTRAL SEPTIC PRIVATE SEPTIC COMMUN	G USE CLASSIFICATION:
*** SEPARATE PERMITS REQUIRED FOR ELECT, MECH, PLBG, GAS EQUIP, PREFAB	S & INSERTS ***
PAYMENT METHOD: CASH CHECK (PAYABLE TO NHC) BILL ACCOUNT	
***************************************	
(FOR OFFICE USE ONLY)  ZONE: OFFICER: SETRACKS: E: LH:	REVISED DATE 4/11/12
ZONE:OFFICER:SETBACKS: F:LH: Approval:City:DATE:FLOOD:	BFE+2ft=
A V	N N
Comment	PERMIT FEE: \$





#### NEW HANOVER COUNTY BUILDING PERMIT

APPLICATION TYPE: COMMERCIAL

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

Minute	
APPLICANT'S NAME: Highland Roofing Company	DATE: 09/18/2017
DEVELOPER: N/A  PROJECT ADDRESS: 7016 Cape Harbor Drive CITY: Wilmington	_ PHONE #:
	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  EMAIL ADDRESS: Admin@highlandroofingcompany.com	S1: NC ZIP: 28405
PROJECT CONTACT PERSON: Iain Fergusson	
	_ FIIONE #. 910-769-0135
(Check All That Apply)  EXIST CONSTRUCTION: ALTERATION RENOVATION GENERAL REPAIRS F  If Relocation, is there a Natural Gas Line on the Current Site? Yes No IS BLDG SPRINK	RELOCATION LERED? Yes No
NEW CONSTRUCTION: ERECT NEW STRUCTURE FAST TRACK SHELL UPFIT CACCESSORY STRUCTURE:	ADD TO EXIST STRUCTURE
If UPFIT - The Shell Permit #: Is Elect Power on this	Building Yes NO
***** IS THIS A CHANGE OF OCCUPANCY USE? YES IN NO ****	*
IF Yes, what was the Previous Occupancy Type? What is the New Occu	ipancy Type?
ARCH DESIGN PROFESSIONAL: PH:	NC REG #:
ARCH DESIGN PROFESSIONAL: PH: 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	n The Floodplain? Yes 🔳 No
DISCLAIMER: I hereby certify that all information in this application is correct and all work will comply with the State Buildi and local laws and ordinances and regulations. The NHC Development Services Center will be notified of any changes in tor change in contractor or contractor information. ***NOTE: Any Work Performed W/O the Appropriate Permits will be in Visubject to Fines Up To \$500.00***	ng Code and all other applicable State the approved plans and specifications olation of the NC State Bldg Code and
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) 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	
	NITS:
TOTAL AREA SQ FT : 8000 SQ FT PER FLR: # OF ST	TORIES: 3
TOTAL SQ FT UNDER ROOF: 8000 # OF STRUCTURES: # OF FL	OORS: 3
ACRES DISTURBED: EXST LAND DISTURBING PERM	AIT? YES NO
NEW IMPERVIOUS AREA: SQ FT EXISTING IMPERVIOUS AREA:	SQ F1
PROPERTY USE: OFFICE RESTAURANT MERCANTILE EDUC APT COM	IDO OTHER:
WATER: CFPUA COMMUNITY SYSTEM WELL ZONING USE CLASSEWER: CFPUA CENTRAL SEPTIC PRIVATE SEPTIC COMMUNITY SYSTEM	SIFICATION:
"" SEPARATE PERMITS REQUIRED FOR ELECT, MECH, PLBG, GAS EQUIP, PREFABS & INSERTS ""	
PAYMENT METHOD: CASH CHECK (PAYABLE TO NHC) BILL ACCOUNT MC/VI	ISA DISCOVER
**************************************	
ZONE:OFFICER:SETBACKS: F:LH:RH:	REVISED DATE 4/11/12 B:
	BFE+2ft=
A V N	
CommentPEF	RMIT FEE: \$

#208 P.001/004

2017 10018



# NEW HANOVER COUNTY BUILDING PERMIT APPLICATION TYPE: RESIDENTIAL

TY BUILDING PERMIT 17-2932
E: RESIDENTIAL

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

Application Number

		,		(office use)
	APPLICANT'S NAME: //ARK HOOK	CER C	Di	ate: 9/11/2017
	PROJECT ADDRESS: 231-A Aook	ER ROLCITY:	Wilm.	ZIP: 284/83
	SUBDIVISION:		LOT #:	
	PROPERTY OWNER'S NAME: MACK HAD	oker	PHONE # 910	620 1146
	OWNER'S ADDRESS: 229 HOOKER L	d.	ITY: wilmin	CTOW ZIP: 28403
	CONTRACTOR: Mach Hookox			
	and the state of t	Rat CITY:	BLDG LIC	ENSE #: ST: 14 ZIP: 28403
X	EMAIL ADDRESS:	K CH CITY:	PHONE:	SI: NG ZIP: 2640)
		1 -		100
X	PROJECT CONTACT PERSON: March 1400	Kon	PHONE: 9/0	-620-1146
,	EXISTING CONSTRUCTION: Alteration ( Renovation (	General Repairs		
	NEW CONSTRUCTION:   Erect New Residence   Addition	to Existing Residence 🗀 R	elocation	
	***PLEASE CHECK AND ANSWER	BELOW ALL THAT APPLY TO	O YOUR PROJECT***	
	☐ Att Garage (SF) ☐ Det G	arage (SF)	☐ Porch (SF)	
	Sunroom (SF)	(SF)	☐ Storage She	ed (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			, +1/
	If the project is a <b>Relocation</b> , is there a Natural Gas Line on the Is there Electrical Power on this Building? Yes \( \subseteq \text{No} \)	current site? Yes	to ALC GAS	to mishall
			2 25 3	,
	Property Use/ Occupancy: Single Family Duplex To Description of Work:	Julal/	Trustiless	water Haster
	Zamode (- Cely trus, en/A	enose Both 1	Spource)	ald toral Light
	DISCLAIMER: I hereby certify that all the information in this application is corre	ect and all work will comply with th	e State Building Code and all	other applicable State and local
	laws and ordinances and regulations. The NHC Development Services Center winformation. ***NOTE: Any work performed without the appropriate permits with the ap	ill be notified of any changes in the will be in violation of the NC State E	e approved plans and specific Bldg Code and subject to fine	cations or change in confractor
		Signature:		) le cox
	"Licensed Qualifier" Print Name	Jighacure.	MAR PTUC	717 GK
	Is the property located in a floodplain?   Yes  No			
	Existing Impervious Area: 8 7 Sq Ft	Total Acres Disturbed:		
	New Impervious Area: 8 50 Sq Ft	Existing Land Disturbing Pe	rmit: 🗌 Yes 🔲 No	
	WATER: CFPUA Community System Private Well			
	SEWER: CFPUA Community System Private Septi	c 🗌 Central Septic 📋 Aqu	na	
Zone: R-15 Officer: DTC Setbacks (F) N/A (LH) N/A (RH) N/A (BW/A				
	Approval: OF City: ILM Date: 1/5/17 Flood: (A)	(V)(N)Shace	BFE+2ft=	
	Comment: Interior work only; No exp	Pansion	Permit Fee	::\$



# NEW HANOVER COUNTY BUILDING PERMIT

APPLICATION TYPE: COMMERCIAL

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

APPLICANT	'S NAME: Angelo	Namer			DATE: 8-23-17
DEVELOPER				PHONE	
PROJECT AI	200	Racine dr	CITY:	Collmington	ZIP: 28403
OCCUPANT/I	BUSINESS NAME:	up Ica box			
PROPERTY (	OWNER'S NAME:	tmy	CITY:	PHONE	#: 910 256 0005 ST: ZIP:
CONTRACTO	R. / / //		LICENSE #:		
ADDRESS:	Matter	70 Ven #201	CTTY: ( , ) ) -	nuclon	ST: NC ZIP: 28413
EMAIL ADD	RESS: marat	antenbar icon		PHONE	140
PROJECT CO	ONTACT PERSON: A	erla Nguy	'n	PHONE	#: 6072408960
FYTST CON	STRUCTION: ALTER		All That Apply) ON GENERAL R	EPAIRS □ RELOCAT	TON
If Relocation,	, is there a Natural Gas Li		_ U	BLDG SPRINKLERED	
NO NEW CONSTI ACCESSORY	RUCTION: ERECT N	EW STRUCTURE FA	ST TRACK SHELI	L UPFIT ADD	TO EXIST STRUCTURE
If UPFIT -	- The <b>Shell</b> Permit	#:	Is <b>Elect Po</b>	wer on this Buildi	ng Pes No
	**** IS	THIS A CHANGE OF OC	CUPANCY USE? YE	S NO ****	0 0
	at was the Previous O	0 1		the New Occupancy	Beverage Shop
	N PROFESSIONAL:		_ PH	: N	C REG #:
ENGR DESIGN	N PROFESSIONAL:		_ PH	N	C REG #:
DESCRIPTION DESCRIPTION	ON OF WORK: Instal	Matrice of	counter tops	+ installing	sink drain-
	verages prepared or serve			operty Located In The Fi	
No DISCLAIMER: I and local laws a or change in cor Subject to Fines	hereby certify that all information and ordinances and regulations intractor or contractor information by To \$500.00***	on in this application is correct The NHC Development Servi n. ***NOTE: Any Work Perforr	and all work will comply wi ces Center will be notified oned W/O the Appropriate P	th the State Building Code ar of any changes in the approve ermits will be in Violation of the	ad all other applicable State de plans and specifications ne NC State Bldg Code and
OWNER/C	ontractor: $\mathbb{A}_{\sim}$	aela Navier	SIGNAT	URE: (onl)	an
	Qualifier) notifications & asbestos removal	(Print Name) permit applications are to be suf-	omitted using the application	form (DHHS-3768) whether the	facility or building was found to
contain Asbestos demolition of any	s or not. You are required to call the facility or building. See Asbestos	ne National Emission Standards	for Hazardous Air Pollutants	(NESHAP) at (919)707-5950 at	
	JECT COST: 4000	BUILDING HEIG		# OF UNITS:	<u> </u>
TOTAL AREA	A SQ FT : 1326 T UNDER ROOF: 132	SQ FT PER FLF # OF STRUCTU	. 100	# OF STORIES: # OF FLOORS:	
ACRES DIST				URBING PERMIT? _	YES PINO
	VIOUS AREA:	SQ FT	EXISTING IMPER		SQ FT
PROPERTY I	USE: OFFICE RE	ESTAURANT MERC	ANTILE EDUC	LAPT CONDO C	OTHER Bererages
WATER: TV	CFPUA COMMUNI	TY SYSTEM  WELI		ING USE CLASSIFICA	
SEWER: SYSTEM		SEPTIC PRIVATE			AIM
***	ETHOD: CASH C	REQUIRED FOR ELECT, MEC		, /	100 1
FATIVIENT IVI	LITIOD. D'CASH D	(FOR OFFICE	USE ONLY)	ENPRESS O MC/VIS	D DISCOVERS
	OFFICER:		CKS: F: LH:	RH B	- raid
Approval:	City:	DATEFLOO	DD:	BFE+2	ft:
Comment			A	V N _ PERMIT F	EE: (
				The state of the s	



17-2941

#### 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 EUC PROJECT ADDRESS: 401 Semmes SUBDIVISION:	DRIVE CITY: Wil	Date: 9 11 2017  MINDON ZIP: 28409  LOT#:
PROPERTY OWNER'S NAME: Mark Hu OWNER'S ADDRESS: 401 SEMME	Art. PHO S DRIVE CITY:	NE#910-367-8709 WILMINDTON ZIP 28409
contractor: Dynamic Vitchens address: 1515 Carollina Bec email address: All (0 (a) Dynamic.	t Interiors ach Rd arr.Wd Katchens. Com P	BLDG LICENSE # 2840   HONE: 910-103-9576
PROJECT CONTACT PERSON: Alice E	Evans P	PHONE: 910-732-805-
EXISTING CONSTRUCTION:  Alteration Renovation	ion  General Repairs	
NEW CONSTRUCTION:   Erect New Residence   A	addition to Existing Residence  Relocat	ion
***PLEASE CHECK AND A	INSWER BELOW ALL THAT APPLY TO YOU	JR 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? [		
TOTAL SQ FT UNDER ROOF (for proposed work) Heate	ed: 20759 + Unheated:	
TOTAL PROJECT COST (Less Lot): \$ 28 , 286 . 60		
Is the proposed work changing the number of bedroom is any Electrical, Plumbing or Mechanical work being different the project is a Relocation, is there a Natural Gas Line is there Electrical Power on this Building? Yes	done to the Accessory Structure Yes [ e on the current site?	□ No
Property Use/ Occupancy: Single Family   Duple	ex 🗆 Townhouse	
Renovated Kitchen, Movin	ic opening in wall, re	w calonnets+ countertays
DISCLAIMER: I hereby certify that all the information in this application laws and ordinances and regulations. The NHC Development Services information. ****NOTE: Any work performed without the appropriate Owner/Contractor:  **Clicensed Qualifier**  **Print Name**	Center will be notified of any changes in the approvements will be in violation of the NC State Bldg Cod	ved plans and specifications or change in contractor de and subject to fines up to \$500.00***
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 Priva	te Well 🗌 Central Well 🗎 Aqua	
SEWER: CFPUA Community System Priva Zone: 2-15 Officer: Setbacks (F)		
Approval: City:WILM Date: 9:13-13 Floor		-2ft=
Comment: No expansion to	footprit.	Permit Fee: \$



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)

PROJECT ADDRESS: 401 SEMMES SUBDIVISION:	Delve city: WWM NOON ZIP: 28409
PROPERTY OWNER'S NAME: Mark Hur OWNER'S ADDRESS: 40 Semmes	PHONE #: 910-347-8709  DRIVE CITY: WIMMOTON ZIP: 28109
CONTRACTOR: DYNAMIC VITCHUNS+ ADDRESS: SIS CARD INA BEACK EMAIL ADDRESS: AIL (O (A) DYNAMICKA	THERIORS  CITY: WWINDOW ST: NC ZIP: 2640    Chens. Com Phone: 910-163-9576
PROJECT CONTACT PERSON: Alice E EV	910-732-8057
EXISTING CONSTRUCTION:   Alteration Renovation	☐ General Repairs
NEW CONSTRUCTION: ☐ Erect New Residence ☐ Addition	on to Existing Residence   Relocation
***PLEASE CHECK AND ANSW	ER BELOW ALL THAT APPLY TO YOUR PROJECT***
☐ Att Garage (SF) ☐ Det	: Garage (SF) Porch (SF)
☐ Sunroom (SF) ☐ Poo	DI (SF)
☐ Greenhouse (SF) ☐ Dec	ck (SF) Other (SF)
Is the proposed work changing the existing footprint? $\ \square$ Ye	
TOTAL SQ FT UNDER ROOF (for proposed work) Heated:	207 <b>5</b> 9 + Unheated:
TOTAL PROJECT COST (Less Lot): \$ 28 , 186.60	( )
Is the proposed work changing the number of bedrooms?  Is any Electrical, Plumbing or Mechanical work being done to the project is a Relocation, is there a Natural Gas Line on the State of the Building? Yes No	o the Accessory Structure 🔀 Yes 🗆 No
Property Use/ Occupancy: ☑ Single Family □ Duplex □	Townhouse
Renovated Kitchen, Moving 1	opening in wall, new colonnes + countertop
laws and ordinances and regulations. The NHC Development Services Center information. ***NOTE: Any work performed without the appropriate permit	rrect and all work will comply with the State Building Code and all other applicable State and local r will be notified of any changes in the approved plans and specifications or change in contractor to will be in violation of the NC State Bldg Code and subject to fines up to \$500.00***
Owner/Contractor: AllCe E LVANS "Licensed Qualifier" Print Name	Signature: Sug & Evans
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 We	ell 🗌 Central Well 🔲 Aqua
SEWER: CFPUA ☐ Community System ☐ Private Sep	
Zone: Officer: Setbacks (F) (LH)	
Approval: City: Date: Flood: (A	)(V)(N)BFE+2ft=\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
Comment:	

2017.9986

# NEW HANOVER COUNTY BUILDING PERMIT

APPLICATION TYPE: COMMERCIAL

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

Number

, and the second	(Office Use)
APPLICANT'S NAME: Angelo Nguyen  PHONE  PHONE	DATE: 8-23-17
DROJECT ADDREES.	
OCCUPANT/BUSINESS NAME: Tan Ica har	ZIP: 28403
PROPERTY OWNER'S NAME:PHONE OWNER'S ADDRESS:CITY:	#: 910 256 0005 ST: ZIP:
CONTRACTOR: Angelo Ngoyen LICENSE #:  ADDRESS: 1/22 Matter 1201 CITY: Wilmington  PHONE  PROJECT CONTACT PERSON: Angelo Ngoyen PHONE	
EXIST CONSTRUCTION: ALTERATION RENOVATION GENERAL REPAIRS RELOCATION REPORT REPAIRS RELOCATION IS there a Natural Gas Line on the Current Site? Yes No IS BLDG SPRINKLERED	
NO NEW CONSTRUCTION: ERECT NEW STRUCTURE FAST TRACK SHELL UPFIT ADD ACCESSORY STRUCTURE:	TO EXIST STRUCTURE
If UPFIT - The Shell Permit #: Is Elect Power on this Build:	ing Pes D NO
***** IS THIS A CHANGE OF OCCUPANCY USE? YES NO *****	. 4077
IF Yes, what was the Previous Occupancy Type? ( Leg) _ What is the New Occupancy	Beverage Shop
CHED DECYCH PROFESCIONAL	IC REG #:
DESCRIPTION OF WORK: Installation of counter tops + installing	c sink drain-
Is food or beverages prepared or served in this structure? Yes No Is The Property Located In The F	loodplain Yes
No DISCLAIMER: I hereby certify that all information in this application is correct and all work will comply with the State Building Code are and local laws and ordinances and regulations. The NHC Development Services Center will be notified of any changes in the approve or change in contractor or contractor information. "NOTE: Any Work Performed W/O the Appropriate Permits will be in Violation of the Subject to Fines Up To \$500.00".	ad all other applicable State
OWNER/CONTRACTOR: Angela Ngcyen SIGNATURE; (Qualifier)	Gogo
Note: Demolition notifications & asbestos removal permit applications are to be submitted using the application form (DHHS-3768) whether the contain Asbestos or not. You are required to call the National Emission Standards for Hazardous Air Pollutants (NESHAP) at (919)707-5950 at demolition of any facility or building. See Asbestos Web Site: http://www.epi.state.nc.us/epi/asbestos/ahmp.html	facility or building was found to t least 10 days prior to the
TOTAL PROJECT COST: 400 BUILDING HEIGHT: # OF UNITS:	
TOTAL AREA SQ FT: 1320 SQ FT PER FLR: 1320 # OF STORIES: TOTAL SQ FT UNDER ROOF: 1320 # OF STRUCTURES: # OF FLOORS:	
ACRES DISTURBED:	~
	SQ FT SQ FT
WATER: CFPUA COMMUNITY SYSTEM WELL ZONING USE CLASSIFICA SEWER: CFPUA CENTRAL SEPTIC PRIVATE SEPTIC COMMUNITY SYSTEM SERVERAL FERMIS REQUIRED FOR LIFEL MICH. PRICE PRICE AND A INSERTS	
PAYMENT METHOD: OCASH OCHECK (PAYABLE TO NHC) AMERICAN EXPRESS OCHECK	T Ploo
ZONE: RB OFFICER: DIG , SETBACKS: F: NA LH NA RH NA B NA	DE DISCOVERS T
Approval: OF City: ICM DATE 8/28/17 FLOOD: X BFE+2	m pala
Comment Interior work and: No expansion PERMITE	FEE: !



# 7-763 FLOOD ZONE

## NEW HANOVER COUNTY BUILDING PERMIT

APPLICATION TYPE: RESIDENTIAL

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

(office use)

APPLICANT'S NAME: Highland Construction	Date: 9	5/17
PROJECT ADDRESS: 6130 Leeward Lane	cıty: Wilmington zı	p: 28409
SUBDIVISION:	LOT #	
Missh o Dhandaile	040 440 0005	
PROPERTY OWNER'S NAME: Mitch & Rhonda Hen		ZIP: 28409
OWNER'S ADDRESS: 6130 Leeward Lane	CITY: wilmington	ZIP: 20409
CONTRACTOR: Highland Construction	BLDG LICENSE	25594
ADDRESS: 3302 Kitty Hawk Rd.	CITY: Wilmington ST: nc	ZIP: 28403
EMAIL ADDRESS: kevin.ramsey@teamhighland.co		
PROJECT CONTACT PERSON: Kevin Ramsey	PHONE: 910-849-6978	}
EXISTING CONSTRUCTION:   Alteration   Renov	ation K General Repairs	
NEW CONSTRUCTION:   Erect New Residence	Addition to Existing Residence  Relocation	
***PLEASE CHECK AND	ANSWER BELOW ALL THAT APPLY TO YOUR PROJECT***	
	□ 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 E No	
TOTAL SO FT UNDER ROOF (for proposed work) Hea	ited: 1892 Unheated:	
TOTAL PROJECT COST (Less Lot): \$ 79,590	4	
Is the proposed work changing the number of bedroods any Electrical, Plumbing or Mechanical work being If the project is a Relocation, is there a Natural Gas Li Is there Electrical Power on this Building? Yes	done to the Accessory Structure 🗴 Yes 🗆 No ne on the current site? 🗆 Yes 🔯 No	
Property Use/ Occupancy: Single Family Dup Description of Work: Remove and replace decaye	elex  Townhouse and subfloor, floor joistes, remove and replace decayed, floor joistes.	cist as needed
Replave HVAC ductwork/		
laws and ordinances and regulations. The NHC Development Service	ation is correct and all work will comply with the State Building Code and all other ces Center will be notified of any changes in the approved plans and specifications are permits will be in violation of the NC State Bldg Code and subject to fines up to	or change in contractor
Owner/Contractor: hEVIN 11 mg EY	Signature:	
"Licensed Qualifier" Print Name	X	
Is the property located in a floodplain? $igmtysep$ Yes $igcup$ N	•	
Existing Impervious Area: Sq Ft	Total Acres Disturbed:	
New Impervious Area: Sq Ft	Existing Land Disturbing Permit:   Yes   No	
WATER:   ▼ CFPUA □ Community System □ Priv	rate Well 🗌 Central Well 🗀 Aqua	
SEWER: CFPUA   Community System   Priv	ate Septic 🗌 Central Septic 🔲 Aqua	
Zone: R-20 Officer: Setbacks (F) NA	P(LH) NP(RH) NA (B) NA	
Approval: City: WILM Date: 9-15-17 Flo	ood: (A) AE13 (V) (N) BFE+2ft= 15 Prelimi	hary
Comment: Tax value +252, Soo. No. *DISCLAIMER SUBMITTING THIS APPLICATION MEANS THE	eddthough plym B with Permit Fee: \$ at the submittal charge is non-refundable in provenu	d.

47



# NEW HANOVER COUNTY BUILDING PERMIT APPLICATION TYPE: RESIDENTIAL

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

201-9996

Application
Number 17 10:13AM
(office use)

APPLICANT'S NAME: Highland Construction	Date: 9/5/17
	CITY: Wilmington ZIP: 28409
SUBDIVISION:	LOT #:
PROPERTY OWNER'S NAME: Mitch & Rhonda Henry	PHONE # 910-443-3995
	CITY: wilmington ZIP: 28409
	BLDG LICENSE #: 25594
	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
•	
<b>EXISTING CONSTRUCTION:</b> □ Alteration □ Renovation ☐ Gener	al Repairs
NEW CONSTRUCTION: ☐ Erect New Residence ☐ Addition to Exis	ting Residence  Relocation
***PLEASE CHECK AND ANSWER BELOV	N ALL THAT APPLY TO YOUR PROJECT***
☐ Att Garage (SF) ☐ Det Garage	(SF)
☐ Sunroom (SF) ☐ Pool (SF)	☐ Storage Shed (SF)
☐ Greenhouse (SF) ☐ Deck (SF)	□ Other (SF)
Is the proposed work changing the existing footprint? $\Box$ Yes $\begin{cases} \begin{cases} c$	
TOTAL SQ FT UNDER ROOF (for proposed work) Heated: 1892	2 Unheated:
TOTAL PROJECT COST (Less Lot): \$ 79,590	
Is the proposed work changing the number of bedrooms?	essory Structure 🖄 Yes 🗆 No
Property Use/ Occupancy: Single Family Duplex Townhold Description of Work: Remove and replace decayed subfloor, floor	
Replave HVAC ductwork/	
DISCLAIMER: I hereby certify that all the information in this application is correct and a laws and ordinances and regulations. The NHC Development Services Center will be no information. ***NOTE: Any work performed without the appropriate permits will be in Owner/Contractor:	violation of the NC State Bldg Code and subject to fines up to \$500.00***
"Licensed Qualifier" Print Name	X
Is the property located in a floodplain? $\ \square$ Yes $\ \square$ No	O
Existing Impervious Area: Sq Ft Total A	cres Disturbed:
New Impervious Area: Sq Ft Existing	g Land Disturbing Permit:  Yes  No
WATER:   ▼ CFPUA □ Community System □ Private Well □ Ce	ntral Well 🔲 Aqua
SEWER:   ☐ CFPUA ☐ Community System ☐ Private Septic ☐ C	entral Septic
Zone: Officer: Setbacks (F) (LH) (R	7
Approval: City: Date: Flood: (A)	(V) (N) BFE+2ft=
Comment: *DISCLAIMER: SUBMITTING THIS APPLICATION MEANS THAT THE SUBMITTA	Permit Fee: \$

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18		illa W

APPLICANT'S NAME:

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

PROJECT ADDRESS: C 2 S C LOUELEZ OT C X S SUBDIVISION:		OTT VAN WASHINGTON ZIP WAS IN
PROPERTY OWNER'S NAME: BROAD 2 BRIV TRIVER.	112 Bay Taren	OTY W. 205 - 8145
CONTRACTOR. SIMPA, K	Sinfe	8LDG LICENSE#: 515 (1)
ADDRESS: 538 F S. COINENC CO. EMAIL ADDRESS: FIRST CONT.	10. 150 SAID BOOK 1. C.A.	THONE ST. W ZIP ST. LY
PROJECT CONTACT PERSON	dro Whiteker	PHONE (10. 469 - (24)
EXISTING CONSTRUCTION: 🗋 Alteration 📄 Renovation 📋 General Repairs	Renovation [] General Repairs	
NEW CONSTRUCTION: 🗋 Erect New Residence 📄 Addition to Existing Residence 🗇 Relocation	sidence 🗌 Addition to Existing Residenc	e 🗆 Relocation
***PLEASE C	***PLEASE CHECK AND ANSWER BELOW ALL THAT APPLY TO YOUR PROJECT***	APPLY TO YOUR PROJECT***
Att Garage (SF)	□ Det Garage (Sf)	☐ Porch (SF)
☐ Sunroom (SF)	X Pool (SF) 375	C Storage Shed (SF)
Greenhouse (SF)	Deck (SF)	Other (SF)
is the proposed work changing the existing featurint? 🗆 Yes 🗀 No	B foctoring C Yes Z No	
TOTAL SQ FT UNDER ROOF (for proposed work). Heated:	A PART OF THE PART	Unheated:
TOTAL PROJECT COST (Less Lot): \$ \$ \ \( \text{X} \)	(VV)	
Is the proposed work changing the number of bedrooms? $\square$ Yes $\square$ No is any Electrical, Plumbing or Mechanical work being done to the Accessory Structure $\square$ Yes $\square$ If the project is a Relocation, is there a Natural Gas Line on the current site? $\square$ Yes $\square$ No is there Electrical Power on this Building? $\square$ Yes $\square$ No	er of bedrooms? $\square$ Yes $\square$ No I work being done to the Accessory Struct atural Gas Line on the current site? $\square$ Y $\square$ Yes $\square$ No	ore ☐ Yes ဩ No es ☐ No
Property Use/ Occupancy:     Single Family □ Duplex □ Townhouse	nily □ Duplex □ Townhouse	
Description of Work:	130 30 32 30 30 30 30 30 30 30 30 30 30 30 30 30	
DISCLAIMER: I hereby cerrify that all the information in this apprication is correct and all work will comply with the State Building Code and two discussions and regulations. The MHC Development Services Center will be institled of any changes in the approved plans and special reviews the inviolation of the NC State Bidg Code and subject to from any work performed without the appropriate permits will be inviolation of the NC State Bidg Code and subject to from a continuous continuous and subject to find the NC State Bidg Code and subject to find the continuous cont	in in this apprication is correct and all work will com- elopment Services Conter will be notified of any cha bit the appropriate permits will be in violation of the	DISCLAIMER: I hereby cerrify that all the information in this application is correct and all work will comply with the State Boilding Code and all other applicable State and fociliars, and ordinars and specifications or change in contraction of the NOTE and State Bidg Code and subject to fines up to \$500 00***
Owner/Contractor: Dryw.	Show Cosink signature:	
ייין מעמוונים אינים איני		· 9
Ticodplain		
Existing Impervious Area: Sq Ft	Ft Total Acres Disturbed:	ed:

Permit Fee: \$ BFE+28- 15 Dead WATER: CEPUA II Community System II Private Wels II Central Well II Aqua sewere: Thrua II community System II Private Septic II Central Septic II Aqua Zone: R-20 Officer, CHO Setbacks (F) AMP (LH) 10 (RH) 10 (8) 10. 532ES (R) LOW PLAMAKENT Date: 7-15-17 Flood: (A) AE13 (V) 子って Comment No Dartion of かららず City:

Approvati

Private Septic 🗖 Central Septic 🗋 Aqua

Existing Land Disturbing Per

Sq Ft

New Impervious Area:

mayer and Production Sesta & 200 100×

2017-10006 17-2644





# RECEIVED AUG 1 5 2017

# **NEW HANOVER COUNTY BUILDING PERMIT**

**APPLICATION TYPE: RESIDENTIAL** 

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

Number (office use)

Procting Dools	7-7-17
APPLICANT'S NAME: Prestige Pools	Date: 0 3 7
PROJECT ADDRESS: 6266 Ingletal dv. CITY:	wilmington ZIP: 28412
SUBDIVISION:	LOT#:
PROPERTY OWNER'S NAME: Reatiz Bar Iane	PHONE #: 305-815-5145
OWNER'S ADDRESS: 6266 Light Out av.	CITY: WIMINGTON ZIP: 28/12
CONTRACTOR: Shave Kosnik  ADDRESS: 5307 S. College rd CIT  EMAIL ADDRESS: Prestige Rols 28712 @ gmail. Com	BLDG LICENSE #: 54579
ADDRESS: 5307 S. College 10 CIT	Y: Wilmington ST: NCZIP: 28412
EMAIL ADDRESS: prestige phois 28712 @ gnail. com	PHONE: 910-409-6247
PROJECT CONTACT PERSON: Jordan Whitakur	PHONE: 910-489-(247
<b>EXISTING CONSTRUCTION:</b> □ Alteration □ Renovation □ General Repairs	
NEW CONSTRUCTION: ☐ Erect New Residence ☐ Addition to Existing Residence ☐	Relocation
***PLEASE CHECK AND ANSWER BELOW ALL THAT APPL	Y TO YOUR PROJECT***
☐ Att 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? $\square$ Yes $\square$ No	
TOTAL SQ FT UNDER ROOF (for proposed work) Heated: Unheat	ed:
TOTAL PROJECT COST (Less Lot): \$ 8	
Is the proposed work changing the number of bedrooms?   Yes No Is any Electrical, Plumbing or Mechanical work being done to the Accessory Structure If the project is a Relocation, is there a Natural Gas Line on the current site?  Yes 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 will laws and ordinances and regulations. The NHC Development Services Center will be notified of any changes information. ***NOTE: Any work performed without the appropriate permits will be in violation of the NC St	n the approved plans and specifications or change in contractor
Owner/Contractor: Shope Cosnik Signature:	
"Licensed Qualifier" Print Name	A
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 ☐ Aqu	па
SEWER: CFPUA Community System Private Septic Central Septic .	Aqua
Zone: Officer: Setbacks (F) (LH) (RH) (B)	_
Approval: City: Date: Flood: (A) (V) (N)	BFE+2ft=
Comment:	Permit Fee: \$
	75.00



# NEW HANOVER COUNTY BUILDING PERMIT

**APPLICATION TYPE: RESIDENTIAL** 

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

PEZIT- Roplestion Number (office use)

APPLICANT'S NAME: MICHAYL MOGOLLON	Date: 3/23/17
PROJECT ADDRESS: 127 LAUREL DR	CITY: WILMWGTON ZIP: BG40
SUBDIVISION:	
PROPERTY OWNER'S NAME: MICHAGE MOGOL	ON PHONE #: 910 546 4700
OWNER'S ADDRESS: 127 LAURAL DR	CITY: WILMINIGTON ZIP: 79410
CONTRACTOR: MICHAEL MOBOLES	BLDG LICENSE #:
ADDRESS: 127 LAUREL DR	CITY: WILMINGTON ST: NC ZIP: 2840)
EMAIL ADDRESS: MOGOLLON FLAIR GMAI	4 COM PHONE: 910 546 4700
PROJECT CONTACT PERSON: MICHAGL MOGG	PHONE: 910 546 4700
EXISTING CONSTRUCTION:   Alteration   Renovation	General Repairs
NEW CONSTRUCTION: ☐ Erect New Residence 🕱 Addition	n to Existing Residence Relocation
***PLEASE CHECK AND ANSWE	R BELOW ALL THAT APPLY TO YOUR PROJECT***
☐ Att Garage (SF) ☐ Det 0	Garage (SF) Porch (SF)
☐ Sunroom (SF) ☐ Pool	(SF) Storage Shed (SF)
☐ Greenhouse (SF) ☐ Deck	□ Other (SF)
Is the proposed work changing the existing footprint? $\Box$ Yes	⊠ No
TOTAL SQ FT UNDER ROOF (for proposed work) Heated:	Unheated: 320
TOTAL PROJECT COST (Less Lot): \$	
Is the proposed work changing the number of bedrooms?  Is any Electrical, Plumbing or Mechanical work being done to  If the project is a Relocation, is there a Natural Gas Line on the  Is there Electrical Power on this Building?  Yes  No  Property Use/ Occupancy:  Single Family  Duplex  1	the Accessory Structure    Yes    No e current site?    Yes    No
Description of Work: ADDING a deck w	with covered area onto the back
<b>DISCLAIMER:</b> I hereby certify that all the information in this application is collaws and ordinances and regulations. The NHC Development Services Center information. ***NOTE: Any work performed without the appropriate permit	will be notified of any changes in the approved plans and specifications or change in contractor swill be in violation of the NC State Bldg Code and subject to fines up to \$500.00***
Owner/Contractor: MCHARL WOGOLLON	Signature:
"Licensed Qualifier" Print Name	
Is the property located in a floodplain? $\square$ Yes $ abla$ No	
Existing Impervious Area: Sq Ft	Total Acres Disturbed:
New Impervious Area: Sq Ft	Existing Land Disturbing Permit:   Yes   No
<b>WATER:</b> □ CFPUA □ Community System □ Private We	
<b>SEWER:</b> □ CFPUA □ Community System 및 Private Sep	tic 🗌 Central Septic 🗎 Aqua
Zone: Officer: Setbacks (F) (LH)	(RH)(B)
Approval: City: Date: Flood: (A)	(RH)(B) (V)(N)BFE+2ft=
Cammanh	Daniel Face C



# NEW HANOVER COUNTY BUILDING PERMIT APPLICATION TYPE: RESIDENTIAL

7017-10018

Application Number (office use)

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

Marian Mar	6 Nontesse		9/11/2017
APPLICANT'S NAME:/AR, PROJECT ADDRESS:	A HOOKER E	Pof CITY: 4, 1m,	ZIP: 28483
SUBDIVISION:	7,400,000	LOT #:_	
PROPERTY OWNERS AND MARKET	nek HookEr	DUONE # Q/n	620 1146
PROPERTY OWNER'S NAME:		CITY: WL/M	isc Tow ZIP: 2840
1. /	.1 (		-
CONTRACTOR: Mek	Hookon	BLDG	S LICENSE #: ST: <u>ILC</u> ZIP: <u>Z.840.3</u>
ADDRESS: ZZ9 KY XEMAIL ADDRESS:	looker Rol		SI: AC ZIP: C690)
PROJECT CONTACT PERSON:	rek Hookon	PHONE: 91	
EXISTING CONSTRUCTION: Alteration	on P Renovation P General Repai	rs	
NEW CONSTRUCTION: ☐ Erect New R	tesidence	sidence  Relocation	
***PLEAS	E CHECK AND ANSWER BELOW ALL TI	HAT APPLY TO YOUR PROJECT*	**
☐ Att Garage (SF)	Det Garage (SF)	Porch (	SF)
☐ Sunroom (SF)	☐ Pool (SF)	Storage	e Shed (SF)
☐ Greenhouse (SF)	☐ Deck (SF)	Other (	SF)
Is the proposed work changing the exist	ting footprint?  Yes  No		
TOTAL SQ FT UNDER ROOF (for propose	ed work) Heated: 850	Unheated:	
TOTAL PROJECT COST (Less Lot): \$ 2	130		
Is the proposed work changing the num Is any <b>Electrical</b> , <b>Plumbing</b> or <b>Mechanic</b> If the project is a <b>Relocation</b> , is there a Is there Electrical Power on this Building	cal work being done to the Accessory ! Natural Gas Line on the current site?		eas to wistall
Property Use/ Occupancy:  Single Fa	14	1	s water Haster
Econode C. Cely	mails, en/Argun	Both (Shower)	Additional Light
DISCLAIMER: I hereby certify that all the informat laws and ordinances and regulations. The NHC De- information. ***NOTE: Any work performed without	velopment Services Center will be notified of an	ny changes in the approved plans and sp	pecifications or change in contractor
Owner/Contractor: // be/c	Print Name Signatu	ure: Mak 14	Lookex
Is the property located in a floodplain?	☐ Yes ☐ No		
Existing Impervious Area:	iq Ft Total Acres Di	sturbed:	~
New Impervious Area: 8 50	Sq Ft Existing Land (	Disturbing Permit:  Yes  N	No
WATER: CFPUA Community Sy	ystem   Private Well   Central W	ell 🗆 Aqua	
SEWER: CFPUA Community Sy	ystem ☐ Private Septic ☐ Central S	Septic   Aqua	
Zone: Officer: Set	tbacks (F) (LH) (RH)	(B)	
Approval: City: Date	e: Flood: (A) (V)	(N) BFE+2ft=	-
Comment:		Permi	t Fee: \$



1

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

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

2017-10018

Application Number (office use)

	APPLICANT'S NAME: 1/A-E/C AGO 6 FE
	APPLICANT'S NAME: // ARK HOOKER PO/CITY: 41/m, Date: 9/11/2017 PROJECT ADDRESS: 231-A HOOKER PO/CITY: 41/m, ZIP: 28403 SUBDIVISION:
	SUBDIVISION: LOT #:
	PROPERTY OWNER'S NAME: MACK HOOKER PHONE #910 620 1146
	OWNER'S ADDRESS: 229 HOOKER LCL. CITY: WILMING TOUT ZIP: 28403
	CONTRACTOR: Mek Hookor BLDG LICENSE #:_ ADDRESS: ZZ9 Hooker Rad CITY: Wilm ST: 14 ZIP: 28403
X	EMAIL ADDRESS: PHONE:
X	PROJECT CONTACT PERSON: March Hook on PHONE: 910 - 620-1146
	EXISTING CONSTRUCTION: Alteration To Renovation To General Repairs
	NEW CONSTRUCTION:   Erect New Residence   Addition to Existing Residence   Relocation
	***PLEASE CHECK AND ANSWER BELOW ALL THAT APPLY TO YOUR PROJECT***
	☐ 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 Is there Electrical Power on this Building? Yes No
	Property Use/ Occupancy: Single Family Duplex Townhouse Description of Work:  Description of Work:  Description of Work:
	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-pup to \$500.00***
	Owner/Contractor: Where Howker Signature: Mark Howker White Name
	Is the property located in a floodplain?   Yes   No
	Existing Impervious Area: Sq Ft Total Acres Disturbed:
	New Impervious Area: 8 50 Sq Ft Existing Land Disturbing Permit: ☐ Yes ☐ No
	WATER:
	SEWER: CFPUA Community System Private Septic Central Septic Aqua
	Zone: R-15 Officer: DTC Setbacks (F) N/A (LH) N/A (RH) N/A (BN/A
	Approval: OK City: ILM Date: 9/15/17 Flood: (A) (V) (N) Shaded X BFE+2ft=
	Comment: Interior work only; No expansion Permit Fee: \$
	City Inspection Required, 910-254-0900