



NEW HANOVER COUNTY BUILDING PERMIT

APPLICATION TYPE: COMMERCIAL

PLEASE ANSWER ALL QUESTIONS APPLICABLE TO YOUR PROJECT

"Project Responsibility"

2017-7656
~~17-2164~~

APPLICATION
Number
(Office Use)

APPLICANT'S NAME: Delaney Radiology Renovation DATE: 06/30/2017

DEVELOPER: N/A PHONE #: _____

PROJECT ADDRESS: 1025 Medical Center Dr. CITY: Wilmington, NC ZIP: 28401

OCCUPANT/BUSINESS NAME: Delaney Radiology

PROPERTY OWNER'S NAME: Delaney Radiology PHONE #: 910-762-3882

OWNER'S ADDRESS: 901 Medical Center Drive CITY: Wilmington ST: NC ZIP: 28401

CONTRACTOR: Clancy & Theys LICENSE #: 2077

ADDRESS: 2250 Shipyard Blvd. CITY: Wilmington ST: NC ZIP: 28403

EMAIL ADDRESS: davidgadalla@clancytheys.com PHONE #: 910-392-5220

PROJECT CONTACT PERSON: David Gadalla PHONE #: 910-392-5220

(Check All That Apply)

EXIST CONSTRUCTION: ALTERATION RENOVATION GENERAL REPAIRS RELOCATION

If Relocation, is there a Natural Gas Line on the Current Site? Yes No IS BLDG SPRINKLERED? Yes No

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

ACCESSORY STRUCTURE: _____

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

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

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

ARCH DESIGN PROFESSIONAL: Smith Gage Architects PH: 910-256-6919 NC REG #: 50695

ENGR DESIGN PROFESSIONAL: David Sims & Assoc. PH: 910-791-8016 NC REG #: 7138

DESCRIPTION OF WORK: Renovation Of One Room Into Reading Room & Electrical In Two Rooms For New Eq

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

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

OWNER/CONTRACTOR: David Gadalla
(Qualifier) (Print Name)

SIGNATURE: David Gadalla

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: 92,100 BUILDING HEIGHT: _____ # OF UNITS: _____
TOTAL AREA SQ FT: 800 SQ FT PER FLR: _____ # OF STORIES: _____
TOTAL SQ FT UNDER ROOF: _____ # OF STRUCTURES: _____ # OF FLOORS: _____

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

PROPERTY USE: OFFICE RESTAURANT MERCANTILE EDUC APT CONDO OTHER: _____

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

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

No deposit fee assessed

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

(FOR OFFICE USE ONLY)

REVISED DATE 4/11/12

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

Comment: _____ PERMIT FEE: \$ 400



Clear Form

Print

eMail

17-2139
2017 7610

NEW HANOVER COUNTY BUILDING PERMIT

APPLICATION TYPE: ~~RESIDENTIAL~~ COMMERCIAL

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

Application Number (office use)

APPLICANT'S NAME: Addis Construction & Property Maintenance, LLC Date: 6/27/17

PROJECT ADDRESS: 15 N. 8th St. CITY: Wilmington ZIP: 28401

SUBDIVISION: _____ LOT #: _____

PROPERTY OWNER'S NAME: Rebecca Hixon PHONE #: 910-297-4429

OWNER'S ADDRESS: _____ CITY: _____ ZIP: _____

CONTRACTOR: Addis Construction & Property Maintenance, LLC BLDG LICENSE #: _____

ADDRESS: 511 Shipyard Blvd CITY: Wilmington ST: NC ZIP: 28412

EMAIL ADDRESS: addiscpm@bellsouth.net PHONE: 910-452-1663

PROJECT CONTACT PERSON: Brooks Addis PHONE: 910-452-1663

EXISTING CONSTRUCTION: Alteration Renovation General Repairs

NEW CONSTRUCTION: Erect New Residence Addition to Existing Residence Relocation

PLEASE CHECK AND ANSWER BELOW ALL THAT APPLY TO YOUR PROJECT

Att Garage (SF) _____ Det Garage (SF) _____ Porch (SF) _____

Sunroom (SF) _____ Pool (SF) _____ Storage Shed (SF) _____

Greenhouse (SF) _____ Deck (SF) _____ Other (SF) _____

Is the proposed work changing the existing footprint? Yes No

TOTAL SQ FT UNDER ROOF (for proposed work) Heated: 300 SF Unheated: 0

TOTAL PROJECT COST (Less Lot): \$ 28,000

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: Add 1 bathroom, add shower to downstairs bathroom,

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: Addis construction Signature: Ceina Man
"Licensed Qualifier" Print Name

Is the property located in a floodplain? Yes No

Existing Impervious Area: N/A Sq Ft Total Acres Disturbed: 0

New Impervious Area: N/A Sq Ft Existing Land Disturbing Permit: Yes No

WATER: CFPWA Community System Private Well Central Well Aqua

SEWER: CFPWA Community System Private Septic Central Septic Aqua

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

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

Comment: _____ Permit Fee: \$ _____



NEW HANOVER COUNTY BUILDING PERMIT

APPLICATION TYPE: RESIDENTIAL

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

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Application
Number
(office use)

APPLICANT'S NAME: Caribbean Pools & Spas, Inc Date: 7-17-17
PROJECT ADDRESS: 5033 Docksides Drive CITY: Wilmington ZIP: 28409
SUBDIVISION: Holmsport LOT #: _____

PROPERTY OWNER'S NAME: Eric Barbee PHONE #: _____
OWNER'S ADDRESS: 5033 Docksides Dr. CITY: Wilmington ZIP: 28409

CONTRACTOR: Caribbean Pools & Spas, Inc BLDG LICENSE #: 41598
ADDRESS: 2005 Castle Hayne Rd CITY: Wilmington ST: NC ZIP: 28401
EMAIL ADDRESS: caribbeanpools@bellsouth.net PHONE: 910-815-4492

PROJECT CONTACT PERSON: Phil Harris PHONE: 910-619-4270

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

PLEASE CHECK AND ANSWER BELOW ALL THAT APPLY TO YOUR PROJECT

- Att Garage (SF) _____ Det Garage (SF) _____ Porch (SF) _____
 Sunroom (SF) _____ Pool (SF) 420 Storage Shed (SF) _____
 Greenhouse (SF) _____ Deck (SF) _____ Other (SF) _____

Is the proposed work changing the existing footprint? Yes No

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

TOTAL PROJECT COST (Less Lot): \$56,000

- 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: Install In-ground Swimming Pool

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

Owner/Contractor: Phil Harris Signature: Phil Harris
"Licensed Qualifier" Print Name

Is the property located in a floodplain? Yes No

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

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

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

Comment: _____ Permit Fee: \$ _____

\$745
paid in full



NEW HANOVER COUNTY BUILDING PERMIT

2017-7621
17-1463

APPLICATION TYPE: COMMERCIAL

PLEASE ANSWER ALL QUESTIONS APPLICABLE TO YOUR PROJECT

"Project Responsibility"

APPLICATION
Number
(Office Use)

APPLICANT'S NAME: John F Breshears DATE: 5.2.2017

DEVELOPER: N/A PHONE #: N/A

PROJECT ADDRESS: 4900 New Center Drive CITY: Wilmington ZIP: 28403

OCCUPANT/BUSINESS NAME: BMW of Wilmington

PROPERTY OWNER'S NAME: Baker Motor Company PHONE #: 910.624.6060

OWNER'S ADDRESS: 4920 New Centre Drive CITY: Wilmington ST: NC ZIP: 28403

CONTRACTOR: Monteith Construction LICENSE #: 43319 NC

ADDRESS: 32 North Front Street CITY: Wilmington ST: NC ZIP: 28401

EMAIL ADDRESS: byoung@monteithco.com PHONE #: 910.791.8101

PROJECT CONTACT PERSON: John Breshears PHONE #: 919.920.2697

(Check All That Apply)

EXIST CONSTRUCTION: ALTERATION RENOVATION GENERAL REPAIRS RELOCATION

If Relocation, is there a Natural Gas Line on the Current Site? Yes No IS BLDG SPRINKLERED? Yes No

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

ACCESSORY STRUCTURE: _____

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

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

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

ARCH DESIGN PROFESSIONAL: LS3P Associates Charles Boney PH: 910.790.9901 NC REG #: 4276

ENGR DESIGN PROFESSIONAL: Woods Engineering Don Woods PH: 910.343.8007 NC REG #: 19475

DESCRIPTION OF WORK: New Construction of a Automobile Dealership

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

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

OWNER/CONTRACTOR: John Breshears SIGNATURE: [Signature]
(Qualifier) (Print Name)

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

TOTAL PROJECT COST: 6,000,000 BUILDING HEIGHT: 30' 8" # OF UNITS: 1

TOTAL AREA SQ FT: 30,251 SQ FT PER FLR: 30,251 # OF STORIES: 1

TOTAL SQ FT UNDER ROOF: 30,251 # OF STRUCTURES: 1 # OF FLOORS: 1

ACRES DISTURBED: 4.92 AC EXST LAND DISTURBING PERMIT? YES NO

NEW IMPERVIOUS AREA: 138,292 SQ FT EXISTING IMPERVIOUS AREA: 11,487 SQ FT

PROPERTY USE: OFFICE RESTAURANT MERCANTILE EDUC APT CONDO OTHER: _____

WATER: CFPWA COMMUNITY SYSTEM WELL ZONING USE CLASSIFICATION: _____

SEWER: CFPWA CENTRAL SEPTIC PRIVATE SEPTIC COMMUNITY SYSTEM

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

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

(FOR OFFICE USE ONLY)

REVISED DATE 4/11/12

ZONE: _____ OFFICER: _____ SETBACKS: F: _____ LH: _____ RH: _____ B: _____

Approval: _____ City: _____ DATE: _____ FLOOD: _____ BFE+2ft= \$400

Comment _____ PERMIT FEE: \$ _____

2017-7024

14-2147



city

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: Robert Ganswirth Date: 7/3/17
 PROJECT ADDRESS: 221 N Wallace CITY: Wilm ZIP: 28403
 SUBDIVISION: College Acres LOT #: _____
 PROPERTY OWNER'S NAME: WVG PHONE #: 9
 OWNER'S ADDRESS: _____ CITY: _____ ZIP: _____
 CONTRACTOR: BASTEL Group LLC BLDG LICENSE #: 66938
 ADDRESS: _____ CITY: Wilmington STATE: _____ ZIP: 28403
 EMAIL ADDRESS: Buildbob.net@gmail.com PHONE: _____
 PROJECT CONTACT PERSON: Robert Ganswirth PHONE: 910-367-0900

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

PLEASE CHECK AND ANSWER BELOW ALL THAT APPLY TO YOUR PROJECT

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

Is the proposed work changing the existing footprint? Yes No

TOTAL SQ FT UNDER ROOF (for proposed work) Heated: 1500sf Unheated: _____

TOTAL PROJECT COST (Less Lot): \$ 80,000

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: _____

All new HVAC + Electrical / All new Interior

Demo complete interior and add bath to convert to 3BED/3BATH

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Owner/Contractor: Robert Ganswirth Signature: _____
 "Licensed Qualifier" Print Name

Is the property located in a floodplain? Yes No

Existing Impervious Area: N/A Sq Ft Total Acres Disturbed: 0
 New Impervious Area: _____ Sq Ft Existing Land Disturbing Permit: Yes No

WATER: CFPWA Community System Private Well Central Well Aqua

SEWER: CFPWA Community System Private Septic Central Septic Aqua

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

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

Comment: _____ Permit Fee: \$ 75.00

\$400
 -75
 \$425
 +10
\$335 due
 75.00

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2017 7040

NEW HANOVER COUNTY BUILDING PERMIT

APPLICATION TYPE: COMMERCIAL

PLEASE ANSWER ALL QUESTIONS APPLICABLE TO YOUR PROJECT

"Project Responsibility"

~~17-2098~~

APPLICATION
Number
(Office Use)

APPLICANT'S NAME: P&C Construcion Inc. DATE: 6/21/17
 DEVELOPER: _____ PHONE #: _____
 PROJECT ADDRESS: 5619 Carolina Beach Rd. Suite 120 CITY: Wilmington ZIP: 28412
 OCCUPANT/BUSINESS NAME: Benchmark Rehab Partners
 PROPERTY OWNER'S NAME: Big V Capital Myrtle Grove PHONE #: 423-341-7462
 OWNER'S ADDRESS: 162-5 North Main St CITY: Florida ST: NY ZIP: 10921
 CONTRACTOR: P&C Construction LICENSE #: 63938
 ADDRESS: 2800 E. 18th St CITY: Chattanooga ST: TN ZIP: 37404
 EMAIL ADDRESS: mike@pc-const.com PHONE #: 423-664-5456
 PROJECT CONTACT PERSON: Mike Brown PHONE #: 423-664-5472

(Check All That Apply)

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

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

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

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

ARCH DESIGN PROFESSIONAL: Benchmark Rehab - Jason Hutcherson PH: 423-238-8941 NC REG #: 12972
 ENGR DESIGN PROFESSIONAL: _____ PH: _____ NC REG #: _____

DESCRIPTION OF WORK: Tenant Buildout

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

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

OWNER/CONTRACTOR: Royce Cornelison SIGNATURE: [Signature]
(Qualifier) (Print Name)

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

TOTAL PROJECT COST: \$80,000 BUILDING HEIGHT: 18 feet # OF UNITS: 1
 TOTAL AREA SQ FT: 1620 SQ FT PER FLR: 1620 # OF STORIES: 1
 TOTAL SQ FT UNDER ROOF: 1620 # OF STRUCTURES: 1 # OF FLOORS: 1

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

PROPERTY USE: OFFICE RESTAURANT MERCANTILE EDUC APT CONDO OTHER: Outpatient PT

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

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

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

(FOR OFFICE USE ONLY)

REVISED DATE 4/11/12

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

Comment _____ PERMIT FEE: \$ _____



NEW HANOVER COUNTY BUILDING PERMIT

Revision to permit

20173479

3479

APPLICATION TYPE: COMMERCIAL

PLEASE ANSWER ALL QUESTIONS APPLICABLE TO YOUR PROJECT

"Project Responsibility"

APPLICATION Number (Office Use)

APPLICANT'S NAME: Jonathan Byers DATE: 4/17/17

DEVELOPER: N/A PHONE #: 704-258-6311

PROJECT ADDRESS: 2131 S. 17th Street CITY: Wilmington ZIP: 28401

OCCUPANT/BUSINESS NAME: New Hanover Regional Medical Center

PROPERTY OWNER'S NAME: New Hanover Regional Medical Center PHONE #:

OWNER'S ADDRESS: 2131 S. 17th Street CITY: Wilmington ST: nc ZIP: 28401

CONTRACTOR: Rodgers Builders, Inc. LICENSE #: 3947

ADDRESS: 2508 Independence Blvd. CITY: Wilmington ST: nc ZIP: 28412

EMAIL ADDRESS: jbyers@rogersbuilders.com PHONE #: 704-258-6311

PROJECT CONTACT PERSON: Jonathan Byers PHONE #: 704-258-6311

(Check All That Apply)

EXIST CONSTRUCTION: ALTERATION RENOVATION GENERAL REPAIRS RELOCATION

If Relocation, is there a Natural Gas Line on the Current Site? Yes No IS BLDG SPRINKLERED? Yes No

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

ACCESSORY STRUCTURE:

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

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

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

ARCH DESIGN PROFESSIONAL: LS3P Associates Ltd PH: 910-790-9901 NC REG #: 50417

ENGR DESIGN PROFESSIONAL: SYSKA Hennessy PH: 704-910-8764 NC REG #: F0997

DESCRIPTION OF WORK: Orthopedic vertical expansion and addition and renovation

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

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OWNER/CONTRACTOR: Jonathan Byers SIGNATURE:

(Qualifier) (Print Name)

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

TOTAL PROJECT COST: 69,000,000 BUILDING HEIGHT: 88' - 6" # OF UNITS: N/A

TOTAL AREA SQ FT: 175,000 SQ FT PER FLR: 32,285 # OF STORIES: 5

TOTAL SQ FT UNDER ROOF: 175,000 # OF STRUCTURES: 1 # OF FLOORS: 5

ACRES DISTURBED: 2.8 EXST LAND DISTURBING PERMIT? YES NO

NEW IMPERVIOUS AREA: 120,553 SQ FT EXISTING IMPERVIOUS AREA: 131,862 SQ FT

PROPERTY USE: OFFICE RESTAURANT MERCANTILE EDUC APT CONDO OTHER: Hospial

WATER: CFPUA COMMUNITY SYSTEM WELL ZONING USE CLASSIFICATION:

SEWER: CFPUA CENTRAL SEPTIC PRIVATE SEPTIC COMMUNITY SYSTEM

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

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

(FOR OFFICE USE ONLY)

REVISED DATE 4/11/12

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

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

A V N

Comment PERMIT FEE: \$



NEW HANOVER COUNTY BUILDING PERMIT

APPLICATION TYPE: RESIDENTIAL

PLEASE ANSWER ALL QUESTIONS APPLICABLE TO YOUR PROJECT

"Project Responsibility"

~~17-2134~~
2017-7646
APPLICATION
Number
(Office Use)

APPLICANT'S NAME: Mungo Homes of North Carolina, Inc. DATE: 6/29/2017
 DEVELOPER: Mungo Homes of North Carolina, Inc. PHONE #: 919-418-7968
 PROJECT ADDRESS: 404 Island End Court CITY: Wilmington ZIP: 28412
 SUBDIVISION: Willow Glen Estates @ Beau Rivage Plantation BLOCK #: Phase 3 LOT #: 106
 PROPERTY OWNER'S NAME: Mungo Homes of North Carolina, Inc. PHONE #: 803-227-8427
 OWNER'S ADDRESS: 441 Western Lane CITY: Irmo ST: SC ZIP: 29063
 CONTRACTOR: Mungo Homes of North Carolina, Inc. LICENSE #: 70466 ACCOUNT #: _____
 ADDRESS: 441 Western Lane CITY: Irmo ST: SC ZIP: 29063
 EMAIL ADDRESS: mpinson@mungo.com PHONE #: 919-418-7968
 PROJECT CONTACT PERSON: Brad Tilyou (project manager) PHONE #: 803-600-7527

EXISTING CONSTRUCTION: ALTERATION RENOVATION GENERAL REPAIRS RELOCATION

NEW CONSTRUCTION: ERECT NEW RESIDENCE or ADDITION TO EXISTING RESIDENCE

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

ATT GARAGE 479 SF DET GARAGE _____ SF PORCH 270 SF
 SUNROOM _____ SF POOL _____ SF STORAGE SHED _____ SF
 GREENHOUSE _____ SF DECK _____ SF OTHER: _____ SF

TOTAL HEATED SQ FT: 4097 TOTAL SQ FT UNDER ROOF: 2363 TOTAL AREA SQ FT: 2363

TOTAL PROJECT COST (Less Lot) : \$ 221,163 # OF STORIES: 2

Is Any ELECTRICAL, PLUMBING or MECHANICAL Work Being Done to the Accessory Structure? Yes No
 If the project is a Relocation, is there a Natural Gas Line on the Current Site? Yes No
 Is there Electrical Power on this Building? Yes No

PROPERTY USE / OCCUPANCY: SINGLE FAMILY DUPLEX TOWNHOUSE

DESCRIPTION OF WORK: New Single Family Residence

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

OWNER/CONTRACTOR: Mungo Homes by Katherine Lusk SIGNATURE: Katherine Lusk

(Print Name)

IS THE PROPERTY LOCATED IN A FLOODPLAIN? YES NO

EXISTING IMPERVIOUS AREA: 0 SQ FT TOTAL ACRES DISTURBED: .054

NEW IMPERVIOUS AREA: 2363 SQ FT EXIST LAND DISTURBING PERMIT: YES NO

WATER: CFPUA COMMUNITY SYSTEM PRIVATE WELL CENTRAL WELL

SEWER: CFPUA CENTRAL SEPTIC PRIVATE SEPTIC COMMUNITY SYSTEM

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

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

(FOR OFFICE USE ONLY)

ZONE: _____ OFFICER: _____ SETBACKS: F: _____ LH: _____ RH: _____ B: _____

Approval: _____ City: _____ DATE: _____ FLOOD: _____ BFE±2ft= 60

A V N

\$2079 REVISED DATE 04/11/12
\$2,139

No deposit paid
AWA



WGE027

NEW HANOVER COUNTY BUILDING PERMIT

APPLICATION TYPE: RESIDENTIAL

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

2017-7648

17-2240

Application Number (office use)

APPLICANT'S NAME: H & H Constructors of Fayetteville, LLC Date: 07/11/2017
PROJECT ADDRESS: 6144 Willow Glen Drive CITY: Wilmington ZIP: 28412
SUBDIVISION: Willow Glen Estates LOT #: 027

PROPERTY OWNER'S NAME: H & H Constructors of Fayetteville, LLC PHONE #: 910.219.1485
OWNER'S ADDRESS: 8209 Market Street, Suite C CITY: Wilmington ZIP: 28411

CONTRACTOR: H & H Constructors of Fayetteville, LLC BLDG LICENSE #: 74158
ADDRESS: 8209 Market Street, Suite C CITY: Wilmington ST: NC ZIP: 28411
EMAIL ADDRESS: julicafferty@hhhomes.com/ jerrybrenning@hhhomes.com PHONE: 910.219.1485

PROJECT CONTACT PERSON: JJ Brenning PHONE: 910.219.1485

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

PLEASE CHECK AND ANSWER BELOW ALL THAT APPLY TO YOUR PROJECT

[x] Att Garage (SF) 718 [] Det Garage (SF) [] Porch (SF) 334
[] Sunroom (SF) [] Pool (SF) [] Storage Shed (SF)
[] Greenhouse (SF) [] Deck (SF) [] Other (SF)

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

TOTAL SQ FT UNDER ROOF (for proposed work) Heated: 3001 Unheated: 1052

TOTAL PROJECT COST (Less Lot): \$ 180,558

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

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

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

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

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

Description of Work: SINGLE FAMILY DWELLING

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: JJ Brenning Signature: [Signature]
"Licensed Qualifier" Print Name

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

Existing Impervious Area: Sq Ft Total Acres Disturbed: .33

New Impervious Area: 4010 Sq Ft Existing Land Disturbing Permit: [x] Yes [] No

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

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

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

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

Comment: Permit Fee: \$

Handwritten calculations: 1,789 - 75 = 1,714; \$1,799 - 60 = \$1,859 - 75 = 1,784

total due \$1,784



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

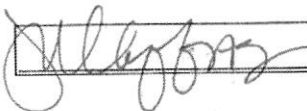
STATEMENT OF UNDERSTANDING

I, Juli Cafferty, am submitting an application for a **residential** building permit to New Hanover County. **And, as the applicant or person submitting the application, I check the box/boxes below to acknowledge that:**

- I have attached** an official CFPUA receipt or document that has acknowledged an approval of the payment made to CFPUA.
- I have attached** an official proof of a Zoning sign-off from the City of Wilmington, for this work that will be done in the City of Wilmington.
- I have attached** an official proof of an approval granted by the New Hanover County Environmental Health Department, for this work that requires an approval from Environmental Health.

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

Signed in acknowledgment: *AQUA SERVICES THIS NEIGHBORHOOD*



Signature

Juli Cafferty

Printed Name

7/11/2017

Date

Address for the proposed residential work:

6144 Willow Glen Drive



Clear Form

Print

eMail

2017-7666

NEW HANOVER COUNTY BUILDING PERMIT

APPLICATION TYPE: RESIDENTIAL

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

17-2183

Application Number (office use)

APPLICANT'S NAME: Southern Exposure Sunrooms Date: 7/5/2017
PROJECT ADDRESS: 414 Tahoe Rd CITY: Wilmington ZIP: 28412
SUBDIVISION: Ocean Forest Lakes LOT #: 63

PROPERTY OWNER'S NAME: Durbeck, Deborah Rev Trust PHONE #: 571-216-0680
OWNER'S ADDRESS: 414 Tahoe Rd CITY: Wilmington ZIP: 28412

CONTRACTOR: Southern Exposure Sunrooms BLDG LICENSE #: 68138
ADDRESS: PO Box 12007 CITY: Wilmington ST: NC ZIP: 28412
EMAIL ADDRESS: john@southernexposuresunrooms.com PHONE: 910-793-2762

PROJECT CONTACT PERSON: John Hickey PHONE: 910-793-2762

EXISTING CONSTRUCTION: [] Alteration [] Renovation [] General Repairs

NEW CONSTRUCTION: [] Erect New Residence [x] Addition to Existing Residence [] Relocation

PLEASE CHECK AND ANSWER BELOW ALL THAT APPLY TO YOUR PROJECT

- [] Att Garage (SF) [] Det Garage (SF) [] Porch (SF)
[] Sunroom (SF) [] Pool (SF) [] Storage Shed (SF)
[] Greenhouse (SF) [] Deck (SF) [x] Other (SF) 240 (screen room)

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

TOTAL SQ FT UNDER ROOF (for proposed work) Heated: Unheated: 240

TOTAL PROJECT COST (Less Lot): \$18704

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

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

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

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

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

Description of Work: Build 15x16 screen room to rear of home. Electric: (4) outlets, ceiling fan

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: John Hickey Signature:
"Licensed Qualifier" Print Name

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

Existing Impervious Area: 4814 Sq Ft Total Acres Disturbed: .0055

New Impervious Area: 5054 Sq Ft Existing Land Disturbing Permit: [] Yes [] No

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

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

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

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

Permit Fee: \$

\$75 deposit paid

\$10 due

XFree NARMC X

2017 7634



NEW HANOVER COUNTY BUILDING PERMIT

APPLICATION TYPE: COMMERCIAL

PLEASE ANSWER ALL QUESTIONS APPLICABLE TO YOUR PROJECT

"Project Responsibility"

APPLICATION Number (Office Use)

APPLICANT'S NAME: Rodgers Builders Inc DATE: 6/22/17
 DEVELOPER: _____ PHONE #: 704-299-0106
 PROJECT ADDRESS: 2131 South 17th Street CITY: Wilmington ZIP: 28402
 OCCUPANT/BUSINESS NAME: New Hanover Regional Medical Center
 PROPERTY OWNER'S NAME: New Hanover Regional Medical Center PHONE #: _____
 OWNER'S ADDRESS: 2131 South 17th Street CITY: Wilmington ST: NC ZIP: 28402
 CONTRACTOR: Rodgers Builders Inc. LICENSE #: 3947-U
 ADDRESS: 2508 Independence Blvd Suite 204 CITY: Wilmington ST: NC ZIP: 28412
 EMAIL ADDRESS: dtorrence@roddgersbuilders.com PHONE #: 704-299-0106
 PROJECT CONTACT PERSON: David Torrence PHONE #: 704-299-0106

(Check All That Apply)

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

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

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

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

ARCH DESIGN PROFESSIONAL: EC, A Architecture: Eric Cebula PH: 704-849-6748 NC REG #: 7877
 ENGR DESIGN PROFESSIONAL: Charlotte Engineers PH: 704-531-3000 NC REG #: 031465

DESCRIPTION OF WORK: Interior renovation to create new CT Room.

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

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

OWNER/CONTRACTOR: David Torrence - Rodgers Builders SIGNATURE: [Signature]
 (Qualifier) (Print Name)

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

TOTAL PROJECT COST: 366,000 BUILDING HEIGHT: _____ # OF UNITS: _____
 TOTAL AREA SQ FT: 650 SQ FT PER FLR: _____ # OF STORIES: _____
 TOTAL SQ FT UNDER ROOF: _____ # OF STRUCTURES: _____ # OF FLOORS: _____

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

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

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

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

(FOR OFFICE USE ONLY)

REVISED DATE 4/11/12

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

FREE-NHRMC

1742059

2017-7634



NEW HANOVER COUNTY BUILDING PERMIT

APPLICATION TYPE: COMMERCIAL

PLEASE ANSWER ALL QUESTIONS APPLICABLE TO YOUR PROJECT

"Project Responsibility"

APPLICATION Number (Office Use)

APPLICANT'S NAME: Rodgers Builders Inc DATE: 6/22/17
 DEVELOPER: _____ PHONE #: 704-299-0106
 PROJECT ADDRESS: 2131 South 17th Street CITY: Wilmington ZIP: 28402
 OCCUPANT/BUSINESS NAME: New Hanover Regional Medical Center
 PROPERTY OWNER'S NAME: New Hanover Regional Medical Center PHONE #: _____
 OWNER'S ADDRESS: 2131 South 17th Street CITY: Wilmington ST: NC ZIP: 28402
 CONTRACTOR: Rodgers Builders Inc. LICENSE #: 3947-U
 ADDRESS: 2508 Independence Blvd Suite 204 CITY: Wilmington ST: NC ZIP: 28412
 EMAIL ADDRESS: dtorrence@roddgersbuilders.com PHONE #: 704-299-0106
 PROJECT CONTACT PERSON: David Torrence PHONE #: 704-299-0106

(Check All That Apply)

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

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

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

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

ARCH DESIGN PROFESSIONAL: EC, A Architecture: Eric Cebula PH: 704-849-6748 NC REG #: 7877
 ENGR DESIGN PROFESSIONAL: Charlotte Engineers PH: 704-531-3000 NC REG #: 031465

DESCRIPTION OF WORK: Interior renovation to create new CT Room.

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

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

~~OWNER~~ CONTRACTOR: _____ (Qualifier) _____ (Print Name) SIGNATURE: _____

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

TOTAL PROJECT COST: TBD BUILDING HEIGHT: _____ # OF UNITS: _____
 TOTAL AREA SQ FT: 650 SQ FT PER FLR: _____ # OF STORIES: _____
 TOTAL SQ FT UNDER ROOF: _____ # OF STRUCTURES: _____ # OF FLOORS: _____

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

PROPERTY USE: OFFICE RESTAURANT MERCANTILE EDUC APT CONDO OTHER: Medical

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

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

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

(FOR OFFICE USE ONLY)

REVISED DATE 4/11/12

ZONE: _____ OFFICER: _____ SETBACKS: F: _____ LH: _____ RH: _____ B: _____

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

Comment _____ PERMIT FEE: \$ _____

2017-7678



NEW HANOVER COUNTY BUILDING PERMIT

APPLICATION TYPE: RESIDENTIAL

PLEASE ANSWER ALL QUESTIONS APPLICABLE TO YOUR PROJECT

~~17-2189~~
APPLICATION Number (Office Use)

"Project Responsibility"

APPLICANT'S NAME: Plantation Building of Wilmington, Inc DATE: 7-6-17
 DEVELOPER: _____ PHONE #: _____
 PROJECT ADDRESS: 419 Brunswick Street CITY: Wilmington ZIP: 28401
 SUBDIVISION: _____ BLOCK #: _____ LOT #: _____
 PROPERTY OWNER'S NAME: Cove Neck Holdings, LLC PHONE #: 279-2938
 OWNER'S ADDRESS: 5908 Chester St. CITY: Wilmington ST: NC ZIP: 28405
 CONTRACTOR: Plantation Building of Wilmington, Inc LICENSE #: 68712 ACCOUNT #: _____
 ADDRESS: 314 Walnut St. CITY: Wilmington ST: NC ZIP: 28401
 EMAIL ADDRESS: beccarino@plantationbuildingcoop.com PHONE #: 279-2938
 PROJECT CONTACT PERSON: Libby Beccarino PHONE #: 279-2938

EXISTING CONSTRUCTION: ALTERATION RENOVATION GENERAL REPAIRS RELOCATION

NEW CONSTRUCTION: ERECT NEW RESIDENCE or ADDITION TO EXISTING RESIDENCE

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

- ATT GARAGE _____ SF
- DET GARAGE _____ SF
- PORCH _____ SF
- SUNROOM _____ SF
- POOL _____ SF
- STORAGE SHED _____ SF
- GREENHOUSE _____ SF
- DECK _____ SF
- OTHER: _____ SF

TOTAL HEATED SQ FT: 1332 TOTAL SQ FT UNDER ROOF: 1482 TOTAL AREA SQ FT: 1482

TOTAL PROJECT COST (Less Lot) : \$ 150,000 # OF STORIES: 2

Is Any ELECTRICAL, PLUMBING or MECHANICAL Work Being Done to the Accessory Structure? Yes No
 If the project is a Relocation, is there a Natural Gas Line on the Current Site? Yes No
 Is there Electrical Power on this Building? Yes No

PROPERTY USE / OCCUPANCY: SINGLE FAMILY DUPLEX TOWNHOUSE

DESCRIPTION OF WORK: New 2 story single family home

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

OWNER/CONTRACTOR: Libby Beccarino SIGNATURE: [Signature]
(Print Name)

IS THE PROPERTY LOCATED IN A FLOODPLAIN? YES NO

EXISTING IMPERVIOUS AREA: 4/2 SQ FT TOTAL ACRES DISTURBED: _____
 NEW IMPERVIOUS AREA: 4/2 SQ FT EXIST LAND DISTURBING PERMIT: YES NO

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

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

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

ZONE: R-3 OFFICER: [Signature] (FOR OFFICE USE ONLY) SETBACKS: F: 15' LH: 3.3' RH: 5' B: 15' REVISD DATE 04/11/12
 Approval: _____ City: _____ DATE: 7-7-17 FLOOD: _____ BFE+2ft= _____

Comment: Unenclosed front or rear porch may encroach into front and rear yard up to eight (8) feet. PERMIT FEE: \$ 579
\$10
\$589
due

\$75 deposit paid
\$654
75
City Inspection Required, 9/11/2014-15/17
\$579
\$10
\$589
due

2017-7629

14 JUL 17 11:08AM



NEW HANOVER COUNTY BUILDING PERMIT

APPLICATION TYPE: RESIDENTIAL

PLEASE ANSWER ALL QUESTIONS APPLICABLE TO YOUR PROJECT

"Project Responsibility"

17-2274

14 JUL 17 11:08AM

APPLICATION Number (Office Use)

APPLICANT'S NAME: Structure Development Services Inc. DATE: 7-14-17
 DEVELOPER: Marsh Landing Place LLC PHONE #: 910 352 9517
 PROJECT ADDRESS: 726 Quind Drive CITY: Wilmington ZIP: 28411
 SUBDIVISION: Marsh Landing Place BLOCK #: PHASE 1 LOT #: 37
 PROPERTY OWNER'S NAME: Marsh Landing Place PHONE #: 910 352 9517
 OWNER'S ADDRESS: 2228 Deepwood Dr CITY: Wilmington ST: NC ZIP: 28405
 CONTRACTOR: Structure Development Services LICENSE #: 70693
 ADDRESS: PO Box 5191 CITY: Wrightsville Beach ST: NC ZIP: 28480
 EMAIL ADDRESS: Sales@structuredevelopment.com PHONE #: 910 398 2427
 PROJECT CONTACT PERSON: Darby Frank PHONE #: 910 398 2427

EXISTING CONSTRUCTION: ALTERATION RENOVATION GENERAL REPAIRS RELOCATION

NEW CONSTRUCTION: ERECT NEW RESIDENCE or ADDITION TO EXISTING RESIDENCE

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

ATT GARAGE 400 SF DET GARAGE _____ SF PORCH 126 SF
 SUNROOM _____ SF POOL _____ SF STORAGE SHED _____ SF
 GREENHOUSE _____ SF DECK 144 SF OTHER: _____ SF

TOTAL HEATED SQ FT: 2,413 TOTAL SQ FT UNDER ROOF: 2,939 TOTAL AREA SQ FT: _____
 TOTAL PROJECT COST (Less Lot) : \$ 220,000 # OF STORIES: 2

Is Any ELECTRICAL, PLUMBING or MECHANICAL Work Being Done to the Accessory Structure? Yes No
 If the project is a Relocation, is there a Natural Gas Line on the Current Site? Yes No
 Is there Electrical Power on this Building? Yes No

PROPERTY USE / OCCUPANCY: SINGLE FAMILY DUPLEX TOWNHOUSE

DESCRIPTION OF WORK: construct single family residence

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

OWNER/CONTRACTOR: Darby Frank SIGNATURE: Darby Frank
 (Print Name)

IS THE PROPERTY LOCATED IN A FLOODPLAIN? YES NO

EXISTING IMPERVIOUS AREA: 0 SQ FT TOTAL ACRES DISTURBED: _____
 NEW IMPERVIOUS AREA: 3,284 SQ FT EXIST LAND DISTURBING PERMIT: YES NO

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

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

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

(FOR OFFICE USE ONLY) REVISED DATE 04/11/12

ZONE: _____ OFFICER: _____ SETBACKS: F: _____ LH: _____ RH: _____ B: _____
 Approval: _____ City: _____ DATE: _____ FLOOD: _____ BFE+2ft= _____
 Comment: _____ PERMIT FEE: \$ 1232

2017-7637

18 JUL 17 3:34PM



NEW HANOVER COUNTY BUILDING PERMIT

PEZ 17-2371

APPLICATION TYPE: RESIDENTIAL

PLEASE ANSWER ALL QUESTIONS APPLICABLE TO YOUR PROJECT

"Project Responsibility"

APPLICATION Number (Office Use)

APPLICANT'S NAME: Trusst Builder Group DATE: _____
 DEVELOPER: _____ PHONE #: _____
 PROJECT ADDRESS: 3331 Aster Tobby Drive CITY: Wilmington ZIP: 28412
 SUBDIVISION: River Lights BLOCK #: _____ LOT #: 7
 PROPERTY OWNER'S NAME: Harvell Waters & Susan Ann Swank PHONE #: 804-337-1764
 OWNER'S ADDRESS: 5035 Lewisetta Drive CITY: Glen Allen ST: VA ZIP: 23060
 CONTRACTOR: Trusst Builder Group LICENSE #: 73371 ACCOUNT #: _____
 ADDRESS: 481 Old Waterford Way Ste 100 CITY: Leland ST: NC ZIP: 28451
 EMAIL ADDRESS: vanessa@trusstbuildergroup.com PHONE #: 910-371-9094
 PROJECT CONTACT PERSON: Vanessa Bannerman PHONE #: 910-338-2731

EXISTING CONSTRUCTION: ALTERATION RENOVATION GENERAL REPAIRS RELOCATION

NEW CONSTRUCTION: ERECT NEW RESIDENCE OR ADDITION TO EXISTING RESIDENCE

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

ATT GARAGE 474 SF DET GARAGE _____ SF PORCH 447 SF
 SUNROOM _____ SF POOL _____ SF STORAGE SHED _____ SF
 GREENHOUSE _____ SF DECK _____ SF OTHER: _____ SF

TOTAL HEATED SQ FT: 2779 TOTAL SQ FT UNDER ROOF: 3700 TOTAL AREA SQ FT: ≈ 7405

TOTAL PROJECT COST (Less Lot): \$ 312000 # OF STORIES: 2

Is Any ELECTRICAL, PLUMBING or MECHANICAL Work Being Done to the Accessory Structure? Yes No
 If the project is a Relocation, is there a Natural Gas Line on the Current Site? Yes No
 Is there Electrical Power on this Building? Yes No

PROPERTY USE / OCCUPANCY: SINGLE FAMILY DUPLEX TOWNHOUSE

DESCRIPTION OF WORK: Single Family Residence

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

OWNER/CONTRACTOR: Trusst Builder Group SIGNATURE: [Signature]

IS THE PROPERTY LOCATED IN A FLOODPLAIN? YES NO

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

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

*** SEPARATE PERMITS REQUIRED FOR ELECT, MECH, PLBG, GAS EQUIP, PREFABS & INSERTS ***
 PAYMENT METHOD: CASH CHECK (PAYABLE TO NHC) BILL ACCOUNT MC/VISA DISCOVER

ZONE: MX OFFICER: DTG SETBACKS: F: * LH: * RH: * B: *
 Approval: OK City: LWM DATE: 7/13/17 FLOOD: _____ BFE+2ft= _____
 Comment: * Setbacks per approved TRC plan PERMIT FEE: \$ _____

\$75 deposit paid

1568

2017-7642

18 JUL 17 1:40 PM



NEW HANOVER COUNTY BUILDING PERMIT

APPLICATION TYPE: RESIDENTIAL

PLEASE ANSWER ALL QUESTIONS APPLICABLE TO YOUR PROJECT

"Project Responsibility"

17-2303
APPLICATION
Number
(Office Use)

APPLICANT'S NAME: Hagood Homes DATE: _____
 DEVELOPER: _____ PHONE #: _____
 PROJECT ADDRESS: 5308 Hanahan Drive CITY: Wilmington ZIP: 28403
 SUBDIVISION: Autumn Hall BLOCK #: _____ LOT #: 146
 PROPERTY OWNER'S NAME: Henry and Debbie Phillips PHONE #: 910-256-4272
 OWNER'S ADDRESS: 2405 Forest Lagoon Place CITY: Wilmington ST: NC ZIP: 28405
 CONTRACTOR: Hagood Homes LICENSE #: 36868
 ADDRESS: Po Box 1369 CITY: Wrightsville Beach ST: NC ZIP: 28480
 EMAIL ADDRESS: kirbyt@hagoodhomes.com PHONE #: 910-256-8284
 PROJECT CONTACT PERSON: Steve Moore PHONE #: 910-232-7032

EXISTING CONSTRUCTION: ALTERATION RENOVATION GENERAL REPAIRS RELOCATION

NEW CONSTRUCTION: ERECT NEW RESIDENCE or ADDITION TO EXISTING RESIDENCE

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

ATT GARAGE _____ SF DET GARAGE _____ SF PORCH 536 SF
 SUNROOM _____ SF POOL _____ SF STORAGE SHED _____ SF
 GREENHOUSE _____ SF DECK _____ SF OTHER: _____ SF

TOTAL HEATED SQ FT: 2630 TOTAL SQ FT UNDER ROOF: 4348 TOTAL AREA SQ FT: _____

TOTAL PROJECT COST (Less Lot) : \$ 381448 # OF STORIES: 2

Is Any ELECTRICAL, PLUMBING or MECHANICAL Work Being Done to the Accessory Structure? Yes No
 If the project is a Relocation, is there a Natural Gas Line on the Current Site? Yes No
 Is there Electrical Power on this Building? Yes No

PROPERTY USE / OCCUPANCY: SINGLE FAMILY DUPLEX TOWNHOUSE

DESCRIPTION OF WORK: New Construction SFR

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

OWNER/CONTRACTOR: Hagood Homes Inc SIGNATURE: [Signature]
(Print Name)

IS THE PROPERTY LOCATED IN A FLOODPLAIN? YES NO tu

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

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

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

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

(FOR OFFICE USE ONLY)

REVISED DATE 04/11/12

ZONE: MX OFFICER: TU SETBACKS: F: * LH: * RH: * B: *
 Approval: OK City: Wilm DATE: 7/13/17 FLOOD: _____ X BFE+2ft= _____
 A V N

Comment: * SETBACKS PER APPROVED PLAN. MAY NOT EXCEED MAXIMUM HEIGHT RESTRICTIONS. PERMIT FEE: \$ 1854

City Inspection Required, 910-204-0533

Named Contractor

E/IB

2017-5257



NEW HANOVER COUNTY BUILDING PERMIT 17-1443

APPLICATION TYPE: COMMERCIAL

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

APPLICATION Number (Office Use)

w-con? *Need

APPLICANT'S NAME: Donald S. Berger DATE: 4/25/2017
DEVELOPER: NA PHONE #:
PROJECT ADDRESS: 3900 South College Road CITY: Wilmington ZIP: 28412
OCCUPANT/BUSINESS NAME: Cape Fear Academy
PROPERTY OWNER'S NAME: Cape Fear Academy PHONE #: 910-791-0287
OWNER'S ADDRESS: 3900 South College Road CITY: Wilmington ST: NC ZIP: 28412
CONTRACTOR: Thomas Construction Group LICENSE #: 57620
ADDRESS: 111 Military Cut-off Rd Suite 191 CITY: Wilm ST: NC ZIP 28403
EMAIL ADDRESS: phanrahan@thomasconstructiongroup.com PHONE #: 799-2295
PROJECT CONTACT PERSON: Peter Hanrahan PHONE #:

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

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

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

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

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

ARCH DESIGN PROFESSIONAL: William G. Monroe III PH: 704-248-3250 NC REG #: 3524
ENGR DESIGN PROFESSIONAL: -See Appendix B for full list- PH: NC REG #:

DESCRIPTION OF WORK: Existing Classroom Bldg with new Admin area added under existing canopy

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

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

OWNER/CONTRACTOR: William Monroe Arch. for CFA SIGNATURE:
(Print Name)

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

TOTAL PROJECT COST: \$250,000 BUILDING HEIGHT: 17'-0" # OF UNITS: NA
TOTAL AREA SQ FT: 1,142 SF SQ FT PER FLR: see total # OF STORIES: 1 Story
TOTAL SQ FT UNDER ROOF: 1,142 SF # OF STRUCTURES: 1 Structure # OF FLOORS: 1 Floor

ACRES DISTURBED: 0.03 EXST LAND DISTURBING PERMIT? YES NO
NEW IMPERVIOUS AREA: +250 SQ FT EXISTING IMPERVIOUS AREA: SQ FT

PROPERTY USE: OFFICE RESTAURANT MERCANTILE EDUC APT CONDO OTHER:

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

*** SEPARATE PERMITS REQUIRED FOR ELECT, MECH, PLB, GAS EQUIP, PREL ABS & PERITS ***

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

(FOR OFFICE USE ONLY)

REVISED DATE 4/11/12

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

Comment: PERMIT FEE: \$ 840-

B F 2

Named Contractor

Z, Fire, Env H

2017-7286



NEW HANOVER COUNTY BUILDING PERMIT

APPLICATION TYPE: COMMERCIAL

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

17-1444 APPLICATION Number (Office Use)

APPLICANT'S NAME: Donald S. Berger DATE: 4/25/2017
DEVELOPER: NA PHONE #:
PROJECT ADDRESS: 3900 South College Road CITY: Wilmington ZIP: 28412
OCCUPANT/BUSINESS NAME: Cape Fear Academy
PROPERTY OWNER'S NAME: Cape Fear Academy PHONE #: 910-791-0287
OWNER'S ADDRESS: 3900 South College Road CITY: Wilmington ST: NC ZIP: 28412
CONTRACTOR: Thomas Construction Group LICENSE #: 571620
ADDRESS: 1111 Military Artist Rd Suite 191 CITY: Wilmington ST: NC ZIP: 28405
EMAIL ADDRESS: pharran@thomasconstructiongroup.com PHONE #: 749-8290
PROJECT CONTACT PERSON: Peter Pharran PHONE #:

(Check All That Apply)
EXIST CONSTRUCTION: ALTERATION RENOVATION GENERAL REPAIRS RELOCATION
If Relocation, is there a Natural Gas Line on the Current Site? Yes No IS BLDG SPRINKLERED? Yes No
NEW CONSTRUCTION: ERECT NEW STRUCTURE FAST TRACK SHELL UPFIT ADD TO EXIST STRUCTURE
ACCESSORY STRUCTURE:
If UPFIT - The Shell Permit #: Is Elect Power on this Building Yes No

***** IS THIS A CHANGE OF OCCUPANCY USE? YES NO *****
IF Yes, what was the Previous Occupancy Type? What is the New Occupancy Type?
ARCH DESIGN PROFESSIONAL: William G. Monroe III PH: 704 248-3250 NC REG #: 3594
ENGR DESIGN PROFESSIONAL: -See Appendix B for full list- PH: NC REG #:

DESCRIPTION OF WORK: Existing Classroom Bldg with new Science Lab classrooms added
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 Building Code and Subject to Fines Up To \$500.00***
OWNER/CONTRACTOR: William Monroe Arch. for CFA SIGNATURE:

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

TOTAL PROJECT COST: \$950,000 BUILDING HEIGHT: 17'-0" # OF UNITS: NA
TOTAL AREA SQ FT: 4,178 SF SQ FT PER FLR: see total # OF STORIES: 1 Story
TOTAL SQ FT UNDER ROOF: 4,178 SF # OF STRUCTURES: 1 Structure # OF FLOORS: 1 Floor

ACRES DISTURBED: 0.11 EXST LAND DISTURBING PERMIT? YES NO
NEW IMPERVIOUS AREA: +1,700 SQ FT EXISTING IMPERVIOUS AREA: SQ FT

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

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

(FOR OFFICE USE ONLY) REVISD DATE 4/11/12
ZONE: OFFICER: SETBACKS: F: LH: RH: B:
Approval: City: DATE: FLOOD: BFE+2ft=
Comment: PERMIT FEE: \$ 2,845 -

Bldg EM. ✓
City Fire.
OK per Green Summons
no FI needed

2017-7657

RECEIVED JUL 14 2017
NEW HANOVER COUNTY BUILDING PERMIT

APPLICATION TYPE: COMMERCIAL

PLEASE ANSWER ALL QUESTIONS APPLICABLE TO YOUR PROJECT

"Project Responsibility"

APPLICATION
Number
(Office Use)

APPLICANT'S NAME: ANGIE LEA DATE: 07.13.17
DEVELOPER: _____ PHONE #: _____
PROJECT ADDRESS: 405 RACINE DRIVE CITY: WILMINGTON ZIP: 28403
OCCUPANT/BUSINESS NAME: CLEAR RUN APARTMENTS
PROPERTY OWNER'S NAME: LSREF3 BRAVO LLC PHONE #: 336-232-1900
OWNER'S ADDRESS: 5300 NEW CENTRE DRIVE CITY: WILMINGTON ST: NC ZIP: 28403
CONTRACTOR: ATLANTA'S RELIABLE ROOFING CO LICENSE #: 49413
ADDRESS: 4594 WINTERS CHAPEL ROAD CITY: ATLANTA ST: GA ZIP: 30360
EMAIL ADDRESS: ANGIELEA@RELIABLEROOFING.BIZ PHONE #: 470-277-0316
PROJECT CONTACT PERSON: ANGIE LEA PHONE #: 407-720-7189

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

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

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

IF Yes, what was the Previous Occupancy Type? N/A What is the New Occupancy Type? N/A
ARCH DESIGN PROFESSIONAL: N/A PH: _____ NC REG #: _____
ENGR DESIGN PROFESSIONAL: N/A PH: _____ NC REG #: _____

DESCRIPTION OF WORK: REMOVE SHINGLES TO DECK AND ADD NEW SHINGLES PER CODE.

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

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

OWNER/CONTRACTOR: SCOTT RIDGEWAY SIGNATURE: 

Note: Demolition notifications & asbestos removal permit applications are to be submitted using the application form (DHHS-3766) 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: 37,590.00 BUILDING HEIGHT: 20' # OF UNITS: N/A
TOTAL AREA SQ FT: 17900 SQ FT PER FLR: N/A # OF STORIES: 2
TOTAL SQ FT UNDER ROOF: N/A # OF STRUCTURES: 1 # OF FLOORS: N/A

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

PROPERTY USE: OFFICE RESTAURANT MERCANTILE EDUC APT CONDO OTHER _____

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

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

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

ZONE: _____ OFFICER: _____ SETBACKS: F: _____ LH: _____ RH: _____ B: _____

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

Comment _____ PERMIT FEE: _____

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

No Plans

2017-7657

RECEIVED JUL 14 2017
NEW HANOVER COUNTY BUILDING PERMIT

APPLICATION TYPE: COMMERCIAL

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

APPLICATION
Number
(Office Use)

APPLICANT'S NAME: ANGIE LEA DATE: 07.13.17
DEVELOPER: _____ PHONE #: _____
PROJECT ADDRESS: 405 RACINE DRIVE CITY: WILMINGTON ZIP: 28403
OCCUPANT/BUSINESS NAME: CLEAR RUN APARTMENTS
PROPERTY OWNER'S NAME: LSREF3 BRAVO LLC PHONE #: 336-232-1900
OWNER'S ADDRESS: 5300 NEW CENTRE DRIVE CITY: WILMINGTON ST: NC ZIP: 28403
CONTRACTOR: ATLANTA'S RELIABLE ROOFING CO LICENSE #: 49413
ADDRESS: 4594 WINTERS CHAPEL ROAD CITY: ATLANTA ST: GA ZIP: 30360
EMAIL ADDRESS: ANGIELEA@RELIABLEROOFING.BIZ PHONE #: 470-277-0316
PROJECT CONTACT PERSON: ANGIE LEA PHONE #: 407-720-7189

(Check All That Apply)

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

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

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

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

ARCH DESIGN PROFESSIONAL: N/A PH: _____ NC REG #: _____
ENGR DESIGN PROFESSIONAL: N/A PH: _____ NC REG #: _____

DESCRIPTION OF WORK: REMOVE SHINGLES TO DECK AND ADD NEW SHINGLES PER CODE.

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

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

OWNER/CONTRACTOR: SCOTT RIDGEWAY SIGNATURE: [Signature]

Note: Demolition notifications & asbestos removal permit applications are to be submitted using the application form (DHS-3766) 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 (819)707-5850 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/etnnp.html>

TOTAL PROJECT COST: 37,590.00 BUILDING HEIGHT: 20' # OF UNITS: N/A
TOTAL AREA SQ FT: 17900 SQ FT PER FLR: N/A # OF STORIES: 2
TOTAL SQ FT UNDER ROOF: N/A # OF STRUCTURES: 1 # OF FLOORS: N/A

ACRES DISTURBED: N/A EXIST LAND DISTURBING PERMIT? YES NO
NEW IMPERVIOUS AREA: N/A SQ FT EXISTING IMPERVIOUS AREA: N/A SQ FT

PROPERTY USE: OFFICE RESTAURANT MERCANTILE EDUC APT CONDO OTHER _____

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

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

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

ZONE: MF-MOFFICER SETBACKS: F: N/A LH: N/A RH: N/A B: N/A
Approval: N/A City: Wilmington DATE: 7/18/17 FLOOD: _____ BFE+2ft: _____

Comment: NO EXPANSION TO FOOTPRINT OR CHANGE IN USE PERMIT FEE: 100

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

City Inspection Required. 910-254-6137

CF - OK - Simmons
B - OK - E McCaleb
CZ - ~~OK~~

RECEIVED JUL 14 2017

2017-7659

NEW HANOVER COUNTY BUILDING PERMIT

APPLICATION TYPE: COMMERCIAL

PLEASE ANSWER ALL QUESTIONS APPLICABLE TO YOUR PROJECT

"Project Responsibility"

APPLICATION
Number
(Office Use)

APPLICANT'S NAME: ANGIE LEA DATE: 07.13.17
 DEVELOPER: _____ PHONE #: _____
 PROJECT ADDRESS: 326 RACINE DRIVE CITY: WILMINGTON ZIP: 28403
 OCCUPANT/BUSINESS NAME: CLEAR RUN APARTMENTS
 PROPERTY OWNER'S NAME: LSREF3 BRAVO LLC PHONE #: 336-232-1900
 OWNER'S ADDRESS: 5300 NEW CENTRE DRIVE CITY: WILMINGTON ST: NC ZIP: 28403
 CONTRACTOR: ATLANTA'S RELIABLE ROOFING CO LICENSE #: 49413
 ADDRESS: 4594 WINTERS CHAPEL ROAD CITY: ATLANTA ST: GA ZIP: 30360
 EMAIL ADDRESS: ANGIELEA@RELIABLEROOFING.BIZ PHONE #: 470-277-0316
 PROJECT CONTACT PERSON: ANGIE LEA PHONE #: 407-720-7189

(Check All That Apply)

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

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

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

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

ARCH DESIGN PROFESSIONAL: N/A PH: _____ NC REG #: _____
 ENGR DESIGN PROFESSIONAL: N/A PH: _____ NC REG #: _____

DESCRIPTION OF WORK: REMOVE SHINGLES TO DECK AND ADD NEW SHINGLES PER CODE.

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

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

OWNER/CONTRACTOR: SCOTT RIDGEWAY SIGNATURE: 

Note: Demolition notifications & asbestos removal permit applications are to be submitted using the application form (DHHS-3766) 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: 37,380.00 BUILDING HEIGHT: 30' # OF UNITS: N/A
 TOTAL AREA SQ FT: 17800 SQ FT PER FLR: N/A # OF STORIES: 3
 TOTAL SQ FT UNDER ROOF: N/A # OF STRUCTURES: 1 # OF FLOORS: N/A

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

PROPERTY USE: OFFICE RESTAURANT MERCANTILE EDUC APT CONDO OTHEF _____

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

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

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

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

Comment _____ PERMIT FEE: ! _____

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

NO PLANS

2017-7659

RECEIVED JUL 14 2017

NEW HANOVER COUNTY BUILDING PERMIT

APPLICATION TYPE: COMMERCIAL

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

APPLICATION
Number
(Office Use)

APPLICANT'S NAME: ANGIE LEA DATE: 07.13.17
 DEVELOPER: _____ PHONE #: _____
 PROJECT ADDRESS: 326 RACINE DRIVE CITY: WILMINGTON ZIP: 28403
 OCCUPANT/BUSINESS NAME: CLEAR RUN APARTMENTS
 PROPERTY OWNER'S NAME: LSREF3 BRAVO LLC PHONE #: 336-232-1900
 OWNER'S ADDRESS: 5300 NEW CENTRE DRIVE CITY: WILMINGTON ST: NC ZIP: 28403
 CONTRACTOR: ATLANTA'S RELIABLE ROOFING CO LICENSE #: 49413
 ADDRESS: 4594 WINTERS CHAPEL ROAD CITY: ATLANTA ST: GA ZIP: 30360
 EMAIL ADDRESS: ANGIELEA@RELIABLEROOFING.BIZ PHONE #: 470-277-0316
 PROJECT CONTACT PERSON: ANGIE LEA PHONE #: 407-720-7189

(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
 No
 NEW CONSTRUCTION: ERECT NEW STRUCTURE FAST TRACK SHELL UPFIT ADD TO EXIST STRUCTURE
 ACCESSORY STRUCTURE: N/A

If UPFIT - The Shell Permit #: N/A Is Elect Power on this Building Yes No

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

If Yes, what was the Previous Occupancy Type? N/A What is the New Occupancy N/A

ARCH DESIGN PROFESSIONAL: N/A PH: _____ NC REG #: _____
 ENGR DESIGN PROFESSIONAL: N/A PH: _____ NC REG #: _____

DESCRIPTION OF WORK: REMOVE SHINGLES TO DECK AND ADD NEW SHINGLES PER CODE.

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

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

OWNER/CONTRACTOR: SCOTT RIDGEWAY SIGNATURE: [Signature]

(Qualifier) (Print Name)

Note: Demolition notifications & asbestos removal permit applications are to be submitted using the application form (DHHS-3768) whether the facility or building was found to contain Asbestos or not. You are required to call the National Emission Standards for Hazardous Air Pollutants (NESHAP) at (818)707-5950 at least 10 days prior to the demolition of any facility or building. See Asbestos Web Site: <http://www.epa.state.nc.us/epi/asbestos/ehnp.html>

TOTAL PROJECT COST: 37,380.00 BUILDING HEIGHT: 30' # OF UNITS: N/A
 TOTAL AREA SQ FT: 17800 SQ FT PER FLR: N/A # OF STORIES: 3
 TOTAL SQ FT UNDER ROOF: N/A # OF STRUCTURES: 1 # OF FLOORS: N/A

ACRES DISTURBED: N/A EXIST LAND DISTURBING PERMIT? YES NO
NEW IMPERVIOUS AREA: N/A SQ FT EXISTING IMPERVIOUS AREA: N/A SQ FT

PROPERTY USE: OFFICE RESTAURANT MERCANTILE EDUC APT CONDO OTHER _____

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

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

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

ZONE: M-F-M OFFICER: TU SETBACKS: F: N/A LH: N/A RH: N/A B: N/A

Approval: OK City: Wilm DATE: 7/13/17 FLOOD: BFE+2ft: _____

Comment: NO EXPANSION TO FOOTPRINT OR CHANGE IN USE PERMIT FEE: _____

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

(City Inspection Department 07/14/2017)

CF - OK - Simons
B - OK E McCabe
CZ -

2017-7662

RECEIVED JUL 14 2017

NEW HANOVER COUNTY BUILDING PERMIT

APPLICATION TYPE: COMMERCIAL

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

APPLICATION
Number
(Office Use)

APPLICANT'S NAME: ANGIE LEA DATE: 07.13.17
 DEVELOPER: _____ PHONE #: _____
 PROJECT ADDRESS: 328 RACINE DRIVE CITY: WILMINGTON ZIP: 28403
 OCCUPANT/BUSINESS NAME: CLEAR RUN APARTMENTS
 PROPERTY OWNER'S NAME: LSREF3 BRAVO LLC PHONE #: 336-232-1900
 OWNER'S ADDRESS: 5300 NEW CENTRE DRIVE CITY: WILMINGTON ST: NC ZIP: 28403
 CONTRACTOR: ATLANTA'S RELIABLE ROOFING CO LICENSE #: 49413
 ADDRESS: 4594 WINTERS CHAPEL ROAD CITY: ATLANTA ST: GA ZIP: 30360
 EMAIL ADDRESS: ANGIRLEA@RELIABLEROOFING.BIZ PHONE #: 470-277-0316
 PROJECT CONTACT PERSON: ANGIE LEA PHONE #: 407-720-7189

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

If UPFIT - The Shell Permit #: N/A Is Elect Power on this Building Yes No

***** IS THIS A CHANGE OF OCCUPANCY USE? YES NO *****
 IF Yes, what was the Previous Occupancy Type? N/A What is the New Occupancy N/A
 Type? _____ PH: _____ NC REG #: _____
 ARCH DESIGN PROFESSIONAL: N/A PH: _____ NC REG #: _____
 ENGR DESIGN PROFESSIONAL: N/A PH: _____ NC REG #: _____

DESCRIPTION OF WORK: REMOVE SHINGLES TO DECK AND ADD NEW SHINGLES PER CODE.

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

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

OWNER/CONTRACTOR: SCOTT RIDGEWAY SIGNATURE: [Signature]
 (Qualifier) (Print Name)

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

TOTAL PROJECT COST: 37,117.50 BUILDING HEIGHT: 30' # OF UNITS: N/A
 TOTAL AREA SQ FT: 17700 SQ FT PER FLR: N/A # OF STORIES: 3
 TOTAL SQ FT UNDER ROOF: N/A # OF STRUCTURES: 1 # OF FLOORS: N/A

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

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

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

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

Comment _____ PERMIT FEE: _____
 *DISCLAIMER: SUBMITTING THIS APPLICATION MEANS THAT THE SUBMITTAL CHARGE IS NON-REFUNDABLE

No Plans

2017-7662

RECEIVED JUL 14 2017

NEW HANOVER COUNTY BUILDING PERMIT

APPLICATION TYPE: COMMERCIAL

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

APPLICATION Number (Office Use)

APPLICANT'S NAME: ANGIE LEA DATE: 07.13.17
DEVELOPER: PHONE #:
PROJECT ADDRESS: 328 RACINE DRIVE CITY: WILMINGTON ZIP: 28403
OCCUPANT/BUSINESS NAME: CLEAR RUN APARTMENTS
PROPERTY OWNER'S NAME: LSREF3 BRAVO LLC PHONE #: 336-232-1900
OWNER'S ADDRESS: 5300 NEW CENTRE DRIVE CITY: WILMINGTON ST: NC ZIP: 28403
CONTRACTOR: ATLANTA'S RELIABLE ROOFING CO LICENSE #: 49413
ADDRESS: 4594 WINTERS CHAPEL ROAD CITY: ATLANTA ST: GA ZIP: 30360
EMAIL ADDRESS: ANGIELEA@RELIABLEROOFING.BIZ PHONE #: 470-277-0316
PROJECT CONTACT PERSON: ANGIE LEA PHONE #: 407-720-7189

(Check All That Apply)
EXIST CONSTRUCTION: ALTERATION RENOVIATION GENERAL REPAIRS RELOCATION
If Relocation, is there a Natural Gas Line on the Current Site? Yes No IS BLDG SPRINKLERED? Yes No
NEW CONSTRUCTION: ERECT NEW STRUCTURE FAST TRACK SHELL UPFIT ADD TO EXIST STRUCTURE
ACCESSORY STRUCTURE: N/A

If UPFIT - The Shell Permit #: N/A Is Elect Power on this Building Yes No
***** IS THIS A CHANGE OF OCCUPANCY USE? YES NO *****
IF Yes, what was the Previous Occupancy Type? N/A What is the New Occupancy Type? N/A
ARCH DESIGN PROFESSIONAL: N/A PH: NC REG #:
ENGR DESIGN PROFESSIONAL: N/A PH: NC REG #:

DESCRIPTION OF WORK: REMOVE SHINGLES TO DECK AND ADD NEW SHINGLES PER CODE.
Is food or beverages prepared or served in this structure? Yes No Is The Property Located In The Floodplain? Yes No

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

OWNER/CONTRACTOR: SCOTT RIDGEWAY SIGNATURE: Scott RidgeWAY

Note: Demolition notifications & asbestos removal permit applications are to be submitted using the application form (DHHS-376) 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.epa.state.nc.us/ep/asbestos/dhrmp.html

TOTAL PROJECT COST: 37,117.50 BUILDING HEIGHT: 30' # OF UNITS: N/A
TOTAL AREA SQ FT: 17700 SQ FT PER FLR: N/A # OF STORIES: 3
TOTAL SQ FT UNDER ROOF: N/A # OF STRUCTURES: 1 # OF FLOORS: N/A

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

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

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

ZONE: MF-M OFFICER: TU SETBACKS: F: N/A LH: N/A RH: N/A B: N/A
Approval: OK City: WILM DATE: 7/18/17 FLOOD: X BFE+2ft:

Comment: NO EXPANSION TO FOOTPRINT OR CHANGE IN USE PERMIT FEE: 100-

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

City Inspection Received 07/25/17

CF - OK Simmons
B - OK E McCaleb
CZ -

RECEIVED JUL 14 2017

2017-7663

NEW HANOVER COUNTY BUILDING PERMIT

APPLICATION TYPE: COMMERCIAL

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

APPLICATION
Number
(Office Use)

APPLICANT'S NAME: ANGIE LEA DATE: 07.13.17
 DEVELOPER: _____ PHONE #: _____
 PROJECT ADDRESS: 330 RACINE DRIVE CITY: WILMINGTON ZIP: 28403
 OCCUPANT/BUSINESS NAME: CLEAR RUN APARTMENTS
 PROPERTY OWNER'S NAME: LSREF3 BRAVO LLC PHONE #: 336-232-1900
 OWNER'S ADDRESS: 5300 NEW CENTRE DRIVE CITY: WILMINGTON ST: NC ZIP: 28403
 CONTRACTOR: ATLANTA'S RELIABLE ROOFING CO LICENSE #: 49413
 ADDRESS: 4594 WINTERS CHAPEL ROAD CITY: ATLANTA ST: GA ZIP: 30360
 EMAIL ADDRESS: ANGIELEA@RELIABLEROOFING.BIZ PHONE #: 470-277-0316
 PROJECT CONTACT PERSON: ANGIE LEA PHONE #: 407-720-7189

(Check All That Apply)
 EXIST CONSTRUCTION: ALTERATION RENOVATION GENERAL REPAIRS RELOCATION
 If Relocation, is there a Natural Gas Line on the Current Site? Yes No IS BLDG SPRINKLERED? Yes No
 NEW CONSTRUCTION: ERECT NEW STRUCTURE FAST TRACK SHELL UPFIT ADD TO EXIST STRUCTURE
 ACCESSORY STRUCTURE: N/A
 If UPFIT - The Shell Permit #: N/A Is Elect Power on this Building Yes NO

***** IS THIS A CHANGE OF OCCUPANCY USE? YES NO *****
 IF Yes, what was the Previous Occupancy Type? N/A What is the New Occupancy Type? N/A
 ARCH DESIGN PROFESSIONAL: N/A PH: _____ NC REG #: _____
 ENGR DESIGN PROFESSIONAL: N/A PH: _____ NC REG #: _____

DESCRIPTION OF WORK: REMOVE SHINGLES TO DECK AND ADD NEW SHINGLES PER CODE.
 Is food or beverages prepared or served in this structure? Yes No Is The Property Located In The Floodplain? Yes No

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

OWNER/CONTRACTOR: SCOTT RIDGEWAY SIGNATURE: [Signature]
 (Qualifier) (Print Name)

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

TOTAL PROJECT COST: 37,432.50 BUILDING HEIGHT: 30' # OF UNITS: N/A
 TOTAL AREA SQ FT : 17800 SQ FT PER FLR: N/A # OF STORIES: 3
 TOTAL SQ FT UNDER ROOF: N/A # OF STRUCTURES: 1 # OF FLOORS: N/A

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

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

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

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

Comment _____ PERMIT FEE: _____

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

No Plans

RECEIVED JUL 14 2017

2017-7663

NEW HANOVER COUNTY BUILDING PERMIT

APPLICATION TYPE: COMMERCIAL

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

APPLICATION Number
(Office Use)

APPLICANT'S NAME: ANGIE LEA DATE: 07.13.17
 DEVELOPER: _____ PHONE #: _____
 PROJECT ADDRESS: 330 RACINE DRIVE CITY: WILMINGTON ZIP: 28403
 OCCUPANT/BUSINESS NAME: CLEAR RUN APARTMENTS
 PROPERTY OWNER'S NAME: LSREF3 BRAVO LLC PHONE #: 336-232-1900
 OWNER'S ADDRESS: 5300 NEW CENTRE DRIVE CITY: WILMINGTON ST: NC ZIP: 28403
 CONTRACTOR: ATLANTA'S RELIABLE ROOFING CO LICENSE #: 49413
 ADDRESS: 4594 WINTERS CHAPEL ROAD CITY: ATLANTA ST: GA ZIP: 30360
 EMAIL ADDRESS: ANGIELEA@RELIABLEROOFING.BIZ PHONE #: 470-277-0316
 PROJECT CONTACT PERSON: ANGIE LEA PHONE #: 407-720-7189

(Check All that Apply)
 EXIST CONSTRUCTION: ALTERATION RENOVATION GENERAL REPAIRS RELOCATION
 If Relocation, is there a Natural Gas Line on the Current Site? Yes No IS BLDG SPRINKLERED? Yes No
 NEW CONSTRUCTION: ERECT NEW STRUCTURE FAST TRACK SHELL UPFIT ADD TO EXIST STRUCTURE
 ACCESSORY STRUCTURE: N/A
 If UPFIT - The Shell Permit #: N/A Is Elect Power on this Building Yes NO

***** IS THIS A CHANGE OF OCCUPANCY USE? YES NO *****
 If Yes, what was the Previous Occupancy Type? N/A What is the New Occupancy N/A
 TYPE?
 ARCH DESIGN PROFESSIONAL: N/A PH: _____ NC REG #: _____
 ENGR DESIGN PROFESSIONAL: N/A PH: _____ NC REG #: _____

DESCRIPTION OF WORK: REMOVE SHINGLES TO DECK AND ADD NEW SHINGLES PER CODE.
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 OWNER/CONTRACTOR: SCOTT RIDGEWAY SIGNATURE: [Signature]

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

TOTAL PROJECT COST: 37,432.50 BUILDING HEIGHT: 30' # OF UNITS: N/A
 TOTAL AREA SQ FT: 17800 SQ FT PER FLR: N/A # OF STORIES: 3
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 ACRES DISTURBED: N/A EXST LAND DISTURBING PERMIT? YES NO
 NEW IMPERVIOUS AREA: N/A SQ FT EXISTING IMPERVIOUS AREA: N/A SQ FT

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

PAYMENT METHOD: CASH CHECK (PAYABLE TO NHC) AMERICAN EXPRESS MCVISA DISCOVER
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ZONE: M-F-M OFFICER: TU SETBACKS: F: N/A LH: N/A RH: N/A B: N/A
 Approval: OK City: Wilm DATE: 7/13/17 FLOOD: BFE+2ft:

Comment: NO EXPANSION TO FOOTPRINT OR CHANGE IN USE PERMIT FEE: _____
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City Invoicing Department 07/26/17

C Fire - OK - Simmons
B - OK - E McCaleb
C-Z -

2017-7665

RECEIVED JUL 14 2017

NEW HANOVER COUNTY BUILDING PERMIT

APPLICATION TYPE: COMMERCIAL

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

APPLICATION Number
(Office Use)

APPLICANT'S NAME: ANGIE LEA DATE: 07.13.17
 DEVELOPER: _____ PHONE #: _____
 PROJECT ADDRESS: 403 RACINE DRIVE CITY: WILMINGTON ZIP: 28403
 OCCUPANT/BUSINESS NAME: CLEAR RUN APARTMENTS
 PROPERTY OWNER'S NAME: LSREF3 BRAVO LLC PHONE #: 336-232-1900
 OWNER'S ADDRESS: 5300 NEW CENTRE DRIVE CITY: WILMINGTON ST: NC ZIP: 28403
 CONTRACTOR: ATLANTA'S RELIABLE ROOFING CO LICENSE #: 49413
 ADDRESS: 4594 WINTERS CHAPEL ROAD CITY: ATLANTA ST: GA ZIP: 30360
 EMAIL ADDRESS: ANGIELEA@RELIABLEROOFING.BIZ PHONE #: 470-277-0316
 PROJECT CONTACT PERSON: ANGIE LEA PHONE #: 407-720-7189

(Check All That Apply)
 EXIST CONSTRUCTION: ALTERATION RENOVATION GENERAL REPAIRS RELOCATION
 If Relocation, is there a Natural Gas Line on the Current Site? Yes No IS BLDG SPRINKLERED? Yes No
 NEW CONSTRUCTION: ERECT NEW STRUCTURE FAST TRACK SHELL UPFIT ADD TO EXIST STRUCTURE
 ACCESSORY STRUCTURE: N/A
 If UPFIT - The Shell Permit #: N/A Is Elect Power on this Building Yes NO

***** IS THIS A CHANGE OF OCCUPANCY USE? YES NO *****
 IF Yes, what was the Previous Occupancy Type? N/A What is the New Occupancy Type? N/A
 ARCH DESIGN PROFESSIONAL: N/A PH: _____ NC REG #: _____
 ENGR DESIGN PROFESSIONAL: N/A PH: _____ NC REG #: _____

DESCRIPTION OF WORK: REMOVE SHINGLES TO DECK AND ADD NEW SHINGLES PER CODE.
 Is food or beverages prepared or served in this structure? Yes No Is The Property Located In The Floodplain? Yes No

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OWNER/CONTRACTOR: SCOTT RIDGEWAY SIGNATURE: 

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TOTAL PROJECT COST: 37,590.00 BUILDING HEIGHT: 20' # OF UNITS: N/A
 TOTAL AREA SQ FT: 17900 SQ FT PER FLR: N/A # OF STORIES: 2
 TOTAL SQ FT UNDER ROOF: N/A # OF STRUCTURES: 1 # OF FLOORS: N/A

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

PROPERTY USE: OFFICE RESTAURANT MERCANTILE EDUC APT CONDO OTHER _____
 WATER: CFPUA COMMUNITY SYSTEM WELL ZONING USE CLASSIFICATION _____
 SEWER: CFPUA CENTRAL SEPTIC PRIVATE SEPTIC COMMUNITY _____
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PAYMENT METHOD: CASH CHECK (PAYABLE TO NHC) AMERICAN EXPRESS MC/VISA DISCOVER
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ZONE: _____ OFFICER: _____ SETBACKS: F: _____ LH: _____ RH: _____ B: _____
 Approval: _____ City: _____ DATE: _____ FLOOD: _____ BFE+2ft: _____
 A V N

Comment _____ PERMIT FEE: _____

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2017-7665

No Plans

RECEIVED JUL 14 2017

NEW HANOVER COUNTY BUILDING PERMIT

APPLICATION TYPE: COMMERCIAL

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

APPLICATION Number
(Office Use)

APPLICANT'S NAME: ANGIE LEA DATE: 07.13.17
 DEVELOPER: _____ PHONE #: _____
 PROJECT ADDRESS: 403 RACINE DRIVE CITY: WILMINGTON ZIP: 28403
 OCCUPANT/BUSINESS NAME: CLARAR RUN APARTMENTS
 PROPERTY OWNER'S NAME: LSREF3 BRAVO LLC PHONE #: 336-232-1900
 OWNER'S ADDRESS: 5300 NEW CENTRE DRIVE CITY: WILMINGTON ST: NC ZIP: 28403
 CONTRACTOR: ATLANTA'S RELIABLE ROOFING CO LICENSE #: 49413
 ADDRESS: 4594 WINTERS CHAPEL ROAD CITY: ATLANTA ST: GA ZIP: 30360
 EMAIL ADDRESS: ANGIELEA@RELIABLEROOFING.BIZ PHONE #: 470-277-0316
 PROJECT CONTACT PERSON: ANGIE LEA PHONE #: 407-720-7189

(Check All That Apply)
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 NEW CONSTRUCTION: ERECT NEW STRUCTURE FAST TRACK SHELL UPFIT ADD TO EXIST STRUCTURE
 ACCESSORY STRUCTURE: N/A

If UPFIT - The Shell Permit #: N/A Is Elect Power on this Building Yes NO
 ***** IS THIS A CHANGE OF OCCUPANCY USE? YES NO *****
 If Yes, what was the Previous Occupancy Type? N/A What is the New Occupancy Type? N/A
 ARCH DESIGN PROFESSIONAL: N/A PH: _____ NC REG #: _____
 ENGR DESIGN PROFESSIONAL: N/A PH: _____ NC REG #: _____

DESCRIPTION OF WORK: REMOVE SHINGLES TO DECK AND ADD NEW SHINGLES PER CODE.
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 OWNER/CONTRACTOR: SCOTT RIDGEWAY SIGNATURE: [Signature]

Note: Demolition notifications & asbestos removal permit applications are to be submitted using the application form (DP-HS-376B) 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.epa.state.nc.us/epi/asbestos/ahmp.html>

TOTAL PROJECT COST: 37,590.00 BUILDING HEIGHT: 20' # OF UNITS: N/A
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 TOTAL SQ FT UNDER ROOF: N/A # OF STRUCTURES: 1 # OF FLOORS: N/A
 ACRES DISTURBED: N/A EXIST LAND DISTURBING PERMIT? YES NO
 NEW IMPERVIOUS AREA: N/A SQ FT EXISTING IMPERVIOUS AREA: N/A SQ FT

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

PAYMENT METHOD: CASH CHECK (PAYABLE TO NHC) AMERICAN EXPRESS MC/VISA DISCOVER
 (FOR OFFICE USE ONLY)
 ZONE: M-1 OFFICER: TU SETBACKS: F: N/A LH: N/A RH: N/A B: N/A
 Approval: OK City: Wilm DATE: 7/18/17 FLOOD: _____ BFE+2ft: _____

Comment: NO EXPANSION TO FOOTPRINT OR CHANGE IN USE PERMIT FEE: _____
 *DISCLAIMER: SUBMITTING THIS APPLICATION MEANS THAT THE SUBMITTAL CHARGE IS NON-REFUNDABLE

City Inspection Required 07/25/17