

HARNETT COUNTY CENTRAL PERMITTING

P.O. BOX 65
LILLINGTON, NC 27546

For Inspections Call: (910) 893-7525 Fax: (910) 893-2793
Bldg Insp scheduled before 2pm available next business day.

Application Number 17-50041846 Date 8/02/17
Property Address 2665 ASHE AVE
PARCEL NUMBER 02-1508- - -0057- - -
Application type description CP ADD & ALTER RESIDENTIAL
Subdivision Name HEIRS AT LAW OF N W LUCAS
Property Zoning RES/AGRI DIST - RA-30

Owner	Contractor
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STANLEY TANYA M	OWNER
2665 ASHE AVENUE	
DUNN NC 28334	

--- Structure Information 000 000 14X16 ROOM ADDITION
Flood Zone FLOOD ZONE X
Other struct info # BEDROOMS 3.00
SEPTIC - EXISTING? EXISTING
WATER SUPPLY COUNTY

Permit RESIDENTIAL BUILDING PERMIT
Additional desc
Phone Access Code . 1202506
Issue Date 8/02/17 Valuation 0
Expiration Date . . . 8/02/18

Permit RESIDENTIAL ELECTRICAL PERMIT
Additional desc
Phone Access Code . 1202514
Issue Date 8/02/17 Valuation 0
Expiration Date . . . 8/02/18

Permit RESIDENTIAL INSULATION PERMIT
Additional desc
Phone Access Code . 1202548
Issue Date 8/02/17 Valuation 0
Expiration Date . . . 8/02/18

Permit LAND USE PERMIT
Additional desc
Phone Access Code . 1202522
Issue Date 8/02/17 Valuation 0
Expiration Date . . . 1/29/18

Permit RESIDENTIAL MECHANICAL PERMIT
Additional desc
Phone Access Code . 1202555
Issue Date 8/02/17 Valuation 0

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Permit RESIDENTIAL PLUMBING PERMIT
Additional desc
Phone Access Code 1202563
Issue Date 8/02/17 Valuation 0
Expiration Date 8/02/18

Special Notes and Comments

T/S: 07/14/2017 02:33 PM BPETRICH --
2665 ASHE AVE DUNN 28334
T/S: 07/20/2017 12:17 PM DJOHNSON --

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Required Inspections

Seq	Phone Insp#	Insp Code	Description	Initials	Date
Permit type RESIDENTIAL BUILDING PERMIT					
999	103	B103	R*BLDG FOUND & TEMP SVC POLE	_____	___/___/___
999	105	B105	R*OPEN FLOOR	_____	___/___/___
999	101	B101	R*BLDG FOOTING / TEMP SVC POLE	_____	___/___/___
999	429	R429	FOUR TRADE FINAL	_____	___/___/___
999	425	R425	FOUR TRADE ROUGH IN	_____	___/___/___
Permit type RESIDENTIAL INSULATION PERMIT					
999	129	I129	R*INSULATION INSPECTION	_____	___/___/___