

Fire Marshal/Emergency Management

Mailing: P. O. Box 370 Lillington, NC 27546
Physical: 200 North 13th Street, Suite 19
Erwin, NC 28339

910-893-7580
910-893-5025

APPLICATION FOR PLAN REVIEW

APPLICATION NUMBER: 10-50024798
TODAY'S DATE: 7.9.10 RECEIVED BY: dydunork
SUBMITTED BY: Sony Piersad
NAME OF PROJECT: Forest Hills Family Care Facility
PHYSICAL ADDRESS: 54 Repley Rd Lenoir NC
PHONE NUMBER: _____ EXT.: _____
CONTACT PERSON: Sony Piersad
MAILING ADDRESS: 138 S. Stille St. Swindell
Swafford, NC 919.718.4988
PHONE NUMBER: _____
CONTRACTOR'S NAME: _____
MAILING ADDRESS: _____
PHONE NUMBER: _____

NOTICE

PLANS THAT ARE SUBMITTED WILL BE REVIEWED AS QUICKLY AS POSSIBLE, WITH AN AVERAGE TIME OF REVIEW BETWEEN 7 - 10 WORKING DAYS.

floor plan enclosed

JAMESTOWN

CLAYTON RAVER

MODEL: J428883A

27'-0" X 48'-0"

1,868 SQ. FT.

ALL DIMENSIONS AND FINISHES SUBJECT TO CHANGE WITHOUT NOTICE.
 ** 30'-0" X 37'-0" INCLUDES STAIRWAY AND BATHROOM NICH.
 19-41-97 M02

- ON RECEIPT:
- FRONT JACK
 - TV CABLE JACK
 - EXTERIOR FAUCET
 - FLOODLIGHT

