

Initial Application Date: 4/28/2014

Application # 14500 33518

COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION  
Central Permitting 108 E. Front Street, Lillington, NC 27546 Phone: (910) 893-7525 Fax: (910) 893-2793 www.harnett.org/permits

LANDOWNER: AARON VARD BENTON Mailing Address: 3710 CHRISTIAN LIGHT RD

City: FUQUAY State: NC Zip: \_\_\_\_\_ Contact # \_\_\_\_\_ Email: \_\_\_\_\_

APPLICANT: JAMES JACKSON Mailing Address: 436 OAK VALLEY FARM RD

City: COATS State: NC Zip: 27526 Contact # 919-820-5366 Email: \_\_\_\_\_  
\*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: JAMES JACKSON Phone # 919-820-5366

PROPERTY LOCATION: Subdivision: \_\_\_\_\_ Lot #: 1A Lot Size: 3.935

State Road # \_\_\_\_\_ State Road Name: CHRISTIAN LIGHT RD Map Book & Page: 2013/255

Parcel: 05-0633-0044-01 PIN: 0633-62-7523,000

Zoning: R30 Flood Zone: X Watershed: IV Deed Book & Page: 03165,0708 Power Company\*: DUKE

\*New structures with Progress Energy as service provider need to supply premise number \_\_\_\_\_ from Progress Energy.

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: 401 x 6 MILES TL ON CHRISTIAN LIGHT RD APPROX 3 1/2 MILES LOT ON RIGHT

PROPOSED USE:

- SFD: (Size 44 x 31) # Bedrooms: 3 # Baths: 2 Basement(w/wo bath): \_\_\_\_\_ Garage: \_\_\_\_\_ Deck: 12ft<sup>2</sup> Crawl Space:  Slab: \_\_\_\_\_ Slab: \_\_\_\_\_  
(Is the bonus room finished? ( ) yes ( ) no w/ a closet? ( ) yes ( ) no (if yes add in with # bedrooms)
- Mod: (Size \_\_\_\_\_ x \_\_\_\_\_) # Bedrooms \_\_\_\_\_ # Baths \_\_\_\_\_ Basement (w/wo bath) \_\_\_\_\_ Garage: \_\_\_\_\_ Site Built Deck: \_\_\_\_\_ On Frame \_\_\_\_\_ Off Frame \_\_\_\_\_  
(Is the second floor finished? ( ) yes ( ) no Any other site built additions? ( ) yes ( ) no
- Manufactured Home: \_\_\_\_\_ SW \_\_\_\_\_ DW \_\_\_\_\_ TW (Size \_\_\_\_\_ x \_\_\_\_\_) # Bedrooms: \_\_\_\_\_ Garage: \_\_\_\_\_ (site built? ) Deck: \_\_\_\_\_ (site built? )
- Duplex: (Size \_\_\_\_\_ x \_\_\_\_\_) No. Buildings: \_\_\_\_\_ No. Bedrooms Per Unit: \_\_\_\_\_
- Home Occupation: # Rooms: \_\_\_\_\_ Use: \_\_\_\_\_ Hours of Operation: \_\_\_\_\_ #Employees: \_\_\_\_\_
- Addition/Accessory/Other: (Size \_\_\_\_\_ x \_\_\_\_\_) Use: \_\_\_\_\_ Closets in addition? ( ) yes ( ) no

Water Supply:  County \_\_\_\_\_ Existing Well \_\_\_\_\_ New Well (# of dwellings using well \_\_\_\_\_) \*MUST have operable water before final

Sewage Supply:  New Septic Tank (Complete Checklist) \_\_\_\_\_ Existing Septic Tank (Complete Checklist) \_\_\_\_\_ County Sewer

Does owner of this tract of land, own land that contains a manufactured home within five hundred feet (500') of tract listed above? ( ) yes (  ) no

Structures (existing or proposed): Single family dwellings: \_\_\_\_\_ Manufactured Homes: \_\_\_\_\_ Other (specify): \_\_\_\_\_

Required Residential Property Line Setbacks:

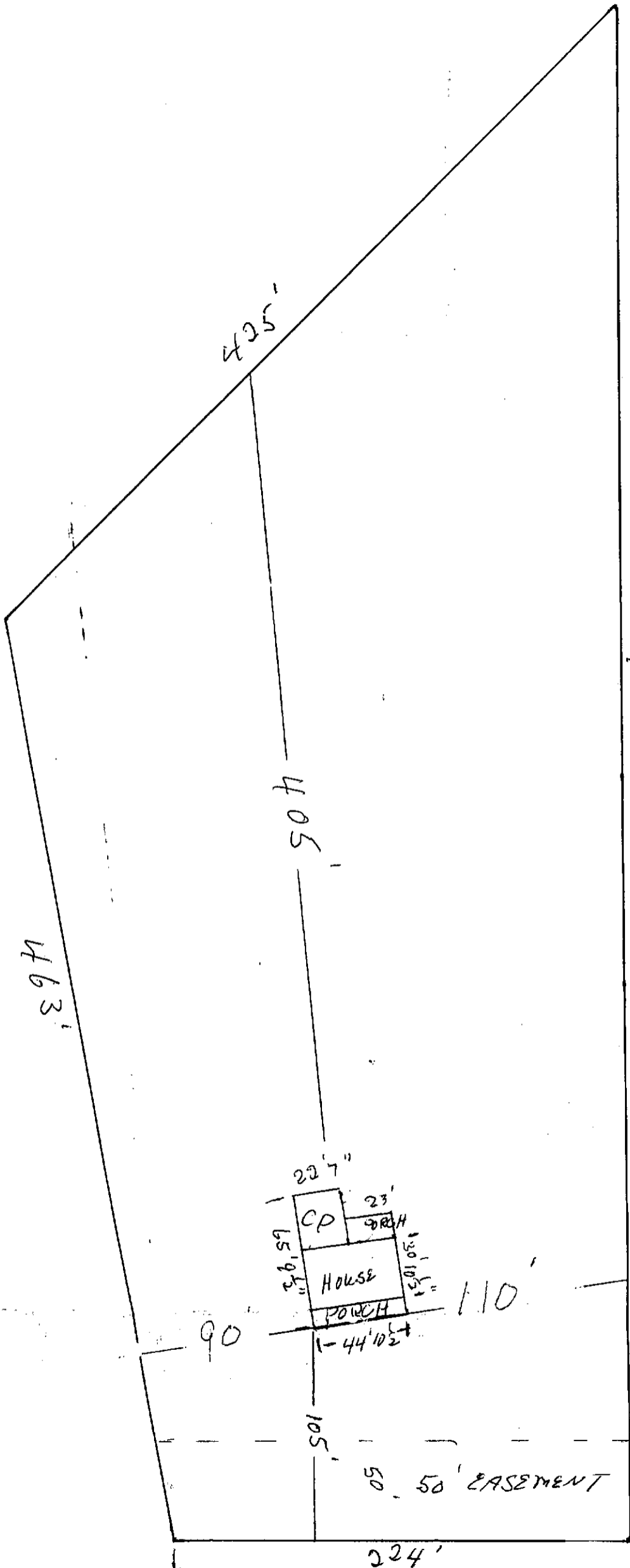
	Minimum	Actual
Front	<u>35</u>	<u>105</u>
Rear	<u>25</u>	<u>405</u>
Closest Side	<u>15</u>	<u>90</u>
Sidestreet/corner lot	_____	_____
Nearest Building on same lot	_____	_____

Comments: \_\_\_\_\_

If permits are granted I agree to conform to all ordinances and laws of the State of North Carolina regulating such work and the specifications of plans submitted. I hereby state that foregoing statements are accurate and correct to the best of my knowledge. Permit subject to revocation if false information is provided.

James R. Jackson  
Signature of Owner or Owner's Agent

4/28/2014  
Date



6176  
CHRISTEN LIGHT RD

SITE PLAN APPROVAL SFP  
 DISTRICT RA 30 USE \_\_\_\_\_  
 #BEDROOMS 3  
4-29-14 V. Kelly  
 Zoning • 0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100  
 Date

NAME: ARON WARD RENTRO

APPLICATION #: \_\_\_\_\_

**\*This application to be filled out when applying for a septic system inspection.\***

**County Health Department Application for Improvement Permit and/or Authorization to Construct**  
IF THE INFORMATION IN THIS APPLICATION IS FALSIFIED, CHANGED, OR THE SITE IS ALTERED, THEN THE IMPROVEMENT PERMIT OR AUTHORIZATION TO CONSTRUCT SHALL BECOME INVALID. The permit is valid for either 60 months or without expiration depending upon documentation submitted. (Complete site plan = 60 months; Complete plat = without expiration)  
910-893-7525 option 1 CONFIRMATION # \_\_\_\_\_

- Environmental Health New Septic System** Code 800
  - **All property irons must be made visible.** Place "pink property flags" on each corner iron of lot. All property lines must be clearly flagged approximately every 50 feet between corners.
  - Place "orange house corner flags" at each corner of the proposed structure. Also flag driveways, garages, decks, out buildings, swimming pools, etc. Place flags per site plan developed at/for Central Permitting.
  - Place orange Environmental Health card in location that is easily viewed from road to assist in locating property.
  - If property is thickly wooded, Environmental Health requires that you clean out the undergrowth to allow the soil evaluation to be performed. Inspectors should be able to walk freely around site. **Do not grade property.**
  - **All lots to be addressed within 10 business days after confirmation. \$25.00 return trip fee may be incurred for failure to uncover outlet lid, mark house corners and property lines, etc. once lot confirmed ready.**
  - After preparing proposed site call the voice permitting system at 910-893-7525 option 1 to schedule and use code 800 (after selecting notification permit if multiple permits exist) for Environmental Health inspection. Please note confirmation number given at end of recording for proof of request.
  - Use Click2Gov or IVR to verify results. Once approved, proceed to Central Permitting for permits.
- Environmental Health Existing Tank Inspections** Code 800
  - Follow above instructions for placing flags and card on property.
  - Prepare for inspection by removing soil over outlet end of tank as diagram indicates, and lift lid straight up (if possible) and then close back down. (Unless inspection is for a septic tank in a mobile home park)
  - After uncovering outlet end call the voice permitting system at 910-893-7525 option 1 & select notification permit if multiple permits, then use code 800 for Environmental Health inspection. Please note confirmation number given at end of recording for proof of request.
  - Use Click2Gov or IVR to hear results. Once approved, proceed to Central Permitting for remaining permits.

**SEPTIC**

If applying for authorization to construct please indicate desired system type(s): can be ranked in order of preference, must choose one.

Accepted       Innovative       Conventional       Any  
 Alternative       Other \_\_\_\_\_

The applicant shall notify the local health department upon submittal of this application if any of the following apply to the property in question. If the answer is "yes", applicant **MUST ATTACH SUPPORTING DOCUMENTATION**:

- YES     NO    Does the site contain any Jurisdictional Wetlands?
- YES     NO    Do you plan to have an irrigation system now or in the future?
- YES     NO    Does or will the building contain any drains? Please explain. \_\_\_\_\_
- YES     NO    Are there any existing wells, springs, waterlines or Wastewater Systems on this property?
- YES     NO    Is any wastewater going to be generated on the site other than domestic sewage?
- YES     NO    Is the site subject to approval by any other Public Agency?
- YES     NO    Are there any easements or Right of Ways on this property?
- YES     NO    Does the site contain any existing water, cable, phone or underground electric lines?

If yes please call No Cuts at 800-632-4949 to locate the lines. This is a free service.

**I Have Read This Application And Certify That The Information Provided Herein Is True, Complete And Correct. Authorized County And State Officials Are Granted Right Of Entry To Conduct Necessary Inspections To Determine Compliance With Applicable Laws And Rules. I Understand That I Am Solely Responsible For The Proper Identification And Labeling Of All Property Lines And Corners And Making The Site Accessible So That A Complete Site Evaluation Can Be Performed.**

*James R. Johnson*  
PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

4/28/2009  
DATE

Harnett County Central Permitting

PO Box 65 Lillington NC 27546

910 893 7525 Fax 910 893 2783 www.harnett.org/permits

Each section below to be filled out by whomever performing work Must be owner or licensed contractor Address company name & phone must match

Application for Residential Building and Trades Permit

Owner's Name AARON WARD RINFLOW Date 4/28/2014
Site Address 3710 CHRISTIAN LIGHT RD Phone 919-457-2559
Directions to job site from Lillington 401 N 6 MILES TL ON CHRISTIAN LIGHT RD 3 1/2 MILES PROP ON R

Subdivision Lot 1A
Description of Proposed Work SFD # of Bedrooms 3
Heated SF 1800 Unheated SF Finished Bonus Room? Crawl Space Slab

General Contractor Information

JAMES JACKSON HOME BUILDERS 919-820-5366
Building Contractor's Company Name Telephone
436 OAK VALLEY FARM RD. COATS, NC 910-897-5563
Address Email Address
13649
License #

Electrical Contractor Information

Description of Work INSTALL ELEC Service Size 200 Amps T-Pole Yes No
PATRICK ELEC CONTRACTOR LLC 910-237-1594
Electrical Contractor's Company Name Telephone
1309 N MAIN ST. LILLINGTON NC
Address Email Address
4910
License #

Mechanical/HVAC Contractor Information

Description of Work INSTALL HEAT PUMP & ACCESSORIES
CUSTOM HVAC 910-892-8827
Mechanical Contractor's Company Name Telephone
1001 DENIUM DR ERWIN
Address Email Address
12195
License #

Plumbing Contractor Information

Description of Work INSTALL FIXTURES SUPPLY & DR # Baths 2
CHRIS CUSTOM PLUMBING INC 919-650-9322
Plumbing Contractor's Company Name Telephone
115 KEYMAN DR. COATS NC
Address Email Address
30173
License #

Insulation Contractor Information

INSULATING INC PO BOX 2741 SANFORD 919-776-4138
Insulation Contractor's Company Name & Address Telephone

\*NOTE General Contractor must fill out and sign the second page of this application

### Homeowners Applying to Build Their Own Home

Please answer the following questions then see a Permit Technician to determine if you qualify for permit under Owners Exemption. Questionnaire per G.S. 87-14 Regulations as to Issue of Building Permits (Memo available upon request)

1. Do you own the land on which this building will be constructed?  Yes  No
2. Have you hired or intend to hire an individual to superintend and manage construction of the project?  Yes  No
3. Do you intend to directly control & supervise construction activities?  Yes  No
4. Do you intend to schedule, contract, or directly pay for all phases of construction work to be done?  Yes  No
5. Do you intend to personally occupy the building for at least 12 consecutive months following completion of construction and do you understand that if you do not do so, it creates the presumption under law that you fraudulently secured the permit?  Yes  No

I hereby certify that I have the authority to make necessary application, that the application is correct and that the construction will conform to the regulations in the Building, Electrical, Plumbing and Mechanical codes, and the Harnett County Zoning Ordinance. I state the information on the above contractors is correct as known to me and if any changes occur including listed contractors, site plan, number of bedrooms, building and trade plans, Environmental Health permit changes or proposed use changes, I certify it is my responsibility to notify the Harnett County Central Permitting Department of any and all changes.

**EXPIRED PERMIT FEES** - 6 Months to 2 years permit re-issue fee is \$150.00. After 2 years re-issue fee is as per current fee schedule.

James R. Jackson  
Signature of Owner/Contractor/Officer(s) of Corporation

4/28/2014  
Date

### Affidavit for Worker's Compensation N.C.G.S. 87-14

The undersigned applicant being the:

General Contractor  Owner  Officer/Agent of the Contractor or Owner

Do hereby confirm under penalties of perjury that the person(s), firm(s) or corporation(s) performing the work set forth in the permit:

Has three (3) or more employees and has obtained workers' compensation insurance to cover them.

Has one (1) or more subcontractors(s) and has obtained workers' compensation insurance to cover them.

Has one (1) or more subcontractors(s) who has their own policy of workers' compensation insurance covering themselves.

Has no more than two (2) employees and no subcontractors.

While working on the project for which this permit is sought it is understood that the Central Permitting Department issuing the permit may require certificates of coverage of worker's compensation insurance prior to issuance of the permit and at any time during the permitted work from any person, firm or corporation carrying out the work.

Company or Name: JAMES JACKSON HOME BUILDERS

Sign w/Title: James R. Jackson PROP.

Date: 4/28/2014

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 . . . . . 14-50033518 Date 5/13/14  
 Property Address . . . . . 3710 CHRISTIAN LIGHT RD  
 PARCEL NUMBER . . . . . 05-0633- - -0044- -01-  
 Application type description CP NEW RESIDENTIAL (SFD)  
 Subdivision Name . . . . .  
 Property Zoning . . . . . RES/AGRI DIST - RA-30

Owner	Contractor
-----	-----
RENFROW AARON W	JACKSON BUILDERS INC
7584 NC 42 WEST	PO BOX 148
RALEIGH NC 27603	GOLDSBORO NC 27533
	(919) 734-5428

Applicant  
 -----  
 JACKSON JAMES 1A

--- Structure Information 000 000 44X31 3BDR 2BATH SFD W DECK CARWL  
 Flood Zone . . . . . FLOOD ZONE X  
 Other struct info . . . . . # BEDROOMS 3.00  
 PROPOSED USE SFD  
 SEPTIC - EXISTING? NEW TANK  
 WATER SUPPLY COUNTY

Permit . . . . . BLDG,MECH,ELEC,PLB,INSU PERMIT  
 Additional desc . . . . .  
 Phone Access Code . . . . . 1034131  
 Issue Date . . . . . 5/13/14 Valuation . . . . . 0  
 Expiration Date . . . . . 5/13/15

Special Notes and Comments  
 T/S: 04/29/2014 03:20 PM VBROWN ----  
 3710 CHRISTIAN LIGHT RD FUQ VAR.  
 XX  
 PERMIT INCLUDES BLDG,ELEC,MECH,PLUMB  
 INSULATION AND LAND USE.  
 XX  
 Work must conform and comply with the  
 STATE BUILDING CODE and all other State  
 and local laws, ordinances & regulations

\_\_\_\_\_  
 \_\_\_\_\_

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Required Inspections

Seq	Phone Insp#	Insp Code	Description	Initials	Date
10	101	B101	R*BLDG FOOTING / TEMP SVC POLE	_____	___/___/___
20	103	B103	R*BLDG FOUND & TEMP SVC POLE	_____	___/___/___
20-999	113	B113	R*BLDG WATER/DAMP PROOFING	_____	___/___/___
20-30	814	A814	ADDRESS CONFIRMATION	_____	___/___/___
20-999	114	B114	R*BLDG MONO SLAB/TEMP SVC POLE	_____	___/___/___
30-999	111	B111	R*BLDG SLAB INSP/TEMP SVC POLE	_____	___/___/___
30-999	105	B105	R*OPEN FLOOR	_____	___/___/___
30-999	309	P309	R*PLUMB UNDER SLAB	_____	___/___/___
30-999	205	E205	R*ELEC UNDER SLAB	_____	___/___/___
40-50	129	I129	R*INSULATION INSPECTION	_____	___/___/___
40-60	425	R425	FOUR TRADE ROUGH IN	_____	___/___/___
40-60	125	R125	ONE TRADE ROUGH IN	_____	___/___/___
40-60	325	R325	THREE TRADE ROUGH IN	_____	___/___/___
40-60	225	R225	TWO TRADE ROUGH IN	_____	___/___/___
50-60	429	R429	FOUR TRADE FINAL	_____	___/___/___
50-60	131	R131	ONE TRADE FINAL	_____	___/___/___
50-60	329	R329	THREE TRADE FINAL	_____	___/___/___
50-60	229	R229	TWO TRADE FINAL	_____	___/___/___
999		H824	ENVIR. OPERATIONS PERMIT	_____	___/___/___
999		H828	ENVIRO. WELL PERMIT	_____	___/___/___
999	104	B104	R*FOUND & SETBACK VERIF SURVEY	_____	___/___/___

33518

### LIEN AGENT INFORMATION

Effective April 1, 2013

In accordance with North Carolina General Assembly Session Law 2012-158, Inspection Departments are not allowed to issue any permit where the project cost is \$30,000 or more unless the application is for improvements to an existing dwelling that the applicant uses as a residence OR the property owner has designated a lien agent and provided the inspections office with the information below:

Name of Lien Agent Investors Title Insurance Co.

Mailing address of Agent 19 W. Hargett St, Suite 507  
Raleigh, NC 27601

Physical address of Agent same

Telephone 888-690-7384 Fax 919-489-5231

Email support@liensnc.com

The information will be attached to the permit record and a copy provided to the applicant. The applicant is required to post a copy on the construction site.

Excerpt from North Carolina G.S. 160A-417:

“(Effective April 1, 2013) No permit shall be issued pursuant to subdivision (1) of subsection (a) of this section where the cost of the work is thirty thousand dollars (\$30,000) or more, other than for improvements to an existing single-family residential dwelling unit as defined in G.S. 87-15.5(7) that the applicant uses as a residence, unless the name, physical and mailing address, telephone number, facsimile number, and electronic mail address of the lien agent designated by the owner pursuant to G.S. 44A-11.1(a) is conspicuously set forth in the permit or in an attachment thereto. The building permit may contain the lien agent's electronic mail address. The lien agent information for each permit issued pursuant to this subsection shall be maintained by the inspection department in the same manner and in the same location in which it maintains its record of building permits issued.”

- ① Cap. Letter
- ① Number
- ① \*, #, !, @



### Designated Lien Agent

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Investors Title Insurance Company

Online: [www.liensnc.com](http://www.liensnc.com)

Address: 19 W Hargett St, Suite 507 / Raleigh, NC 27601

Email: [support@liensnc.com](mailto:support@liensnc.com)

Fax: (919) 489-5231

Technical

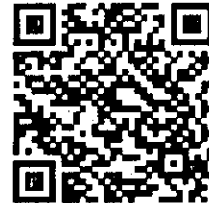
Support Hotline: (888) 690-7384

Entry Number: 135860

Filed by: jbuilder

Payment Amount: \$25.00

Filing Date: 05/13/2014



### Owner Information

---

James Jackson

436 Oak Valley Farm Rd

Coats

NC

27521

United States

919-820-5366

[jbuilder@intrstar.net](mailto:jbuilder@intrstar.net)

### Project Property

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3710 Christian Light Rd

Fuquay-Varina

NC

27526

Property Type: 1-2 Family Dwelling

Date First Furnished:

05/14/2014

HARNETT COUNTY CENTRAL PERMITTING  
P.O. BOX 65  
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7584 NC 42 WEST 436 OAK VALLEY FARM RD  
RALEIGH NC 27603 COATS NC 27521  
(910) 897-5563

Applicant  
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Flood Zone . . . . . FLOOD ZONE X  
Other struct info . . . . . # BEDROOMS 3.00  
PROPOSED USE SFD  
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3710 CHRISTIAN LIGHT RD FUQ VAR.  
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PERMIT INCLUDES BLDG, ELEC, MECH, PLUMB  
INSULATION AND LAND USE.  
XX  
Work must conform and comply with the  
STATE BUILDING CODE and all other State  
and local laws, ordinances & regulations

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\_\_\_\_\_  
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Required Inspections

Seq	Phone Insp#	Insp Code	Description	Initials	Date
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20	103	B103	R*BLDG FOUND & TEMP SVC POLE	BS AP	6/03/14
20-999	113	B113	R*BLDG WATER/DAMP PROOFING		/ /
20-30	814	A814	ADDRESS CONFIRMATION	TW AP	6/16/14
20-999	114	B114	R*BLDG MONO SLAB/TEMP SVC POLE		/ /
30-999	111	B111	R*BLDG SLAB INSP/TEMP SVC POLE		/ /
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