

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 15-50036807 Date 8/24/15
Property Address 25 MOONLIGHT DR
PARCEL NUMBER 04-0674- - -0046- - -
Application type description CP NEW RESIDENTIAL (SFD)
Subdivision Name
Property Zoning PENDING

Owner	Contractor

FISH BROTHERS INC	COMFORT HOMES INC
7440 KENNEBEC RD	PO BOX 369
WILLOW SPRINGS NC 27592	CLAYTON NC 27520
	(919) 553-3242

Applicant

COMFORT HOMES, INC.
PO BOX 369
CLAYTON NC 27528

--- Structure Information 000 000 44X47 SFD 3BDR W/GARAGE W/DECK CRAWL
Flood Zone FLOOD ZONE X
Other struct info # BEDROOMS 3.00
PROPOSED USE SFD
SEPTIC - EXISTING? NEW
WATER SUPPLY COUNTY

Permit BLDG,MECH,ELEC,PLB,INSU PERMIT
Additional desc
Phone Access Code 1102904
Issue Date 8/24/15 Valuation 0
Expiration Date 8/23/16

Special Notes and Comments
T/S: 08/05/2015 03:15 PM LBENNETT --
401 N, RIGHT ON RAWLS CHURCH RD, LEFT
ON ATKINS RD, SUBDIVISION ON RIGHT -
25 MOONLIGHT DRIVE
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	_____	___/___/___
20-30	814	A814	ADDRESS CONFIRMATION	_____	___/___/___
30-999	105	B105	R*OPEN FLOOR	_____	___/___/___
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	_____	___/___/___