

Initial Application Date: 9-24-15

Application # 1550037175

CU# _____

COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION
Central Permitting 108 E. Front Street, Lillington, NC 27546 Phone: (910) 893-7525 ext:2 Fax: (910) 893-2793 www.harnett.org/permits

****A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) & SITE PLAN ARE REQUIRED WHEN SUBMITTING A LAND USE APPLICATION****

LANDOWNER: DAWN BISHOP Mailing Address: 7421 Pine Summit Drive

City: Fuquay Varina State: NC Zip: 27526 Contact No: 919 208 3144 Email: nrspam@me.com

APPLICANT*: _____ Mailing Address: _____

City: _____ State: _____ Zip: _____ Contact No: _____ Email: _____

*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: _____ Phone # _____

PROPERTY LOCATION: Subdivision: N/A Lot #: 2951 Lot Size: 3.89

State Road # _____ State Road Name: 3166 Hillman Grove Road Map Book & Page: GIS

Parcel: 09 9564 0111 PIN: 9564-02-2951.000

Zoning: R200B Flood Zone: X Watershed: III Deed Book & Page: 2764-0046 Power Company*: Central Electric

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

PROPOSED USE:

SFD: (Size 60 x 63) # Bedrooms: 4 # Baths: 2.5 Basement(w/wo bath): N/A Garage: 4 Deck: 4 Crawl Space: 4 Slab: N Monolithic Slab: N
(Is the bonus room finished? () yes (X) no w/ a closet? () yes () no (if yes add in with # bedrooms)
N/A

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 1 Existing Well ___ New Well (# of dwellings using well _____) *Must have operable water before final

Sewage Supply: 1 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? (X) yes () no

Does the property contain any easements whether underground or overhead () yes (X) no

Structures (existing or proposed): Single family dwellings: 1 Manufactured Homes: 0 Other (specify): 6 sheds, barn

Required Residential Property Line Setbacks:

Front	Minimum	Actual
		<u>100'</u>
Rear		<u>44'</u>
Closest Side		<u>100'+</u>
Sidestreet/corner lot		<u>100'+</u>
Nearest Building on same lot		<u>27'</u>

Comments: SFD
Call before going out - property is gated and someone will have to let you in. 919 208 3944

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: _____

Route 27 East toward Cameron for 20 miles

Right onto 27 East / 24 East for .5 miles

Left onto Hillman Grove Road for 3 miles

3166 will be on the right

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.

Dawn Belup

Signature of Owner or Owner's Agent

9/24/15

Date

It is the owner/applicants responsibility to provide the county with any applicable information about the subject property, including but not limited to: boundary information, house location, underground or overhead easements, etc. The county or its employees are not responsible for any incorrect or missing information that is contained within these applications.

This application expires 6 months from the initial date if permits have not been issued

②

P.I.N. 9554-91-9951
D.B. 1522, PG. 988

P.I.N. 9554-92-7782
D.B. 2764, PG. 46

P.I.N. 9554-93-9079
D.B. 2764, PG. 46
241.00'

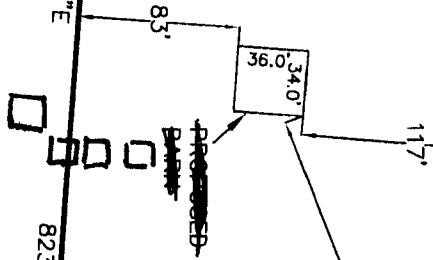
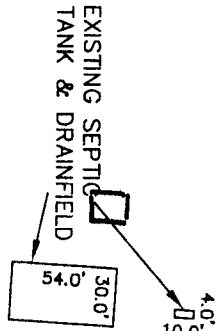
P.I.N. 9564-02-1066
D.B. 1399, PG. 248

P.I.N. 9564-02-3151
D.B. 1084, PG. 389

P.I.N. 9564-02-5196
D.B. 1385, PG. 514

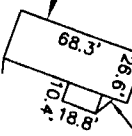
P.I.N. 9564-02-8284
D.B. 2764, PG. 46

P.I.N. 9564-02-3637
D.B. 2764, PG. 46
179,368 S.F.
4.12 Ac.
BY COORDINATE
COMPUTATION



P.I.N. 9564-02-2951
D.B. 2764, PG. 46
171,049 S.F.
3.93 Ac.
BY COORDINATE
COMPUTATION

EXISTING
HOUSE



D.B. 1031, PG. 487



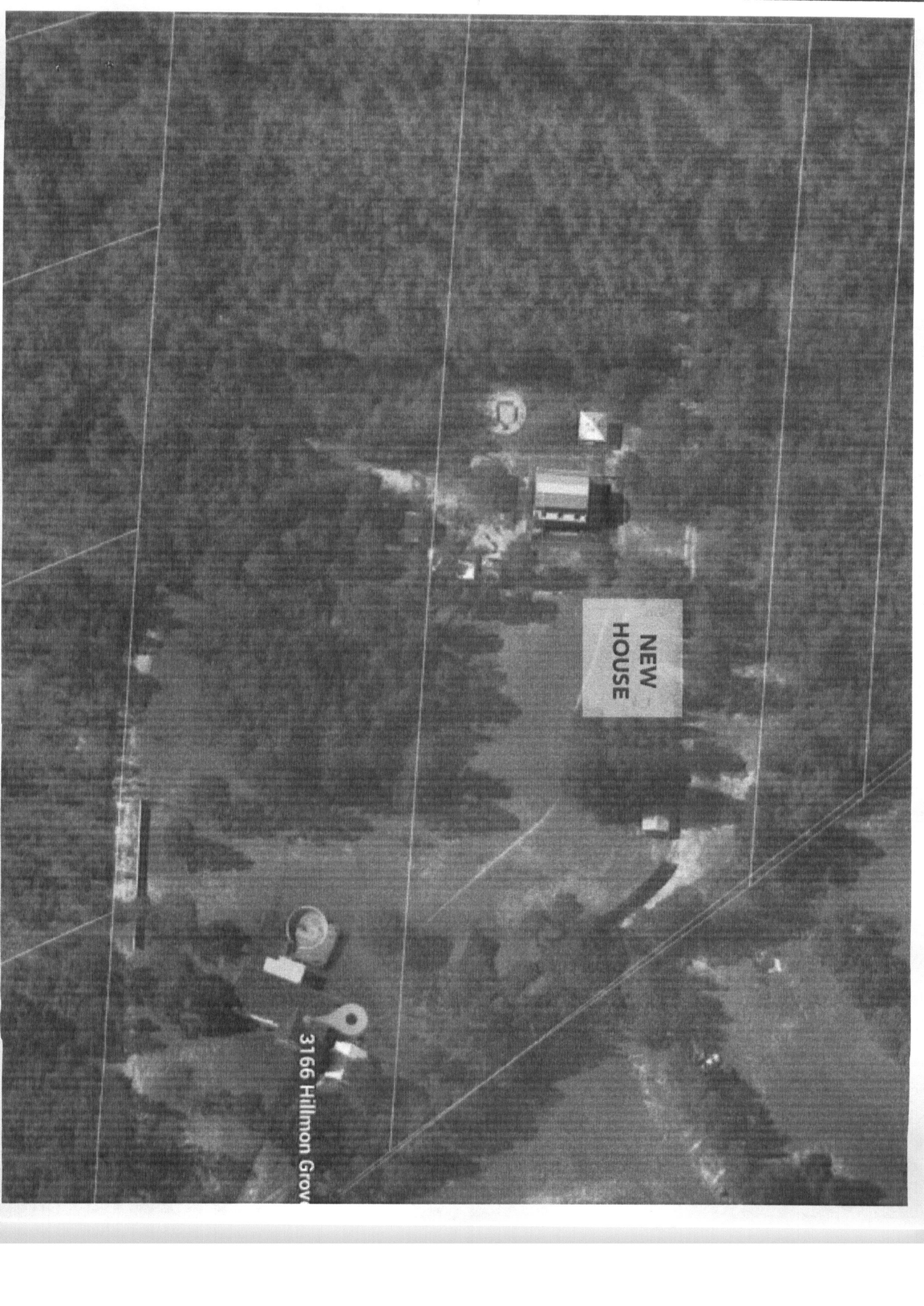
APPROVED
DISTRICT USE SITE
RAAS SFD
5
S.M.H.-5
SMOORDB#
Administrator

PLOT PLAN
SUBDIVISION:

Site Plan

NEW
HOUSE

3166 Hillmon Grov



NAME: DAWN BISHOP

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 **put lid back in place.** (Unless inspection is for a septic tank in a mobile home park)
- **DO NOT LEAVE LIDS OFF OF SEPTIC TANK**
- 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.

Dawn Bishop
PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

9/23/15
DATE

09/09/11

Application #

1550037175

Harnett County Central Permitting
PO Box 85 Lillington NC 27548
910 893 7525 Fax 910 893 2793 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 Daniel Foxher & Dawn Bishop Date 11/9/15
Site Address Hillman Grove Rd Phone 919-561-8953
Directions to job site from Lillington (L) onto W Old Rd (0.6mi); Slight (L) onto NC-27W (1.1 mi); (R) onto NC-24 W/NC-27 W (0.4 mi); (L) onto Hillman Grove Rd.
Subdivision N/A tot Tract 2
Description of Proposed Work New SFD # of Bedrooms 4
Heated SF 3233 Unheated SF 1094 Finished Bonus Room? No Crawl Space Slab

General Contractor Information

Schumacher Homes of NC, Inc. 919-724-4465
Building Contractor's Company Name Telephone
182 W Hamlin Rd, Benson, NC 27504 allen@schumacherhomes.com
Address Email Address
58362
License #

Electrical Contractor Information

Description of Work Electrical for New SFD Service Size 200 Amps T-Pole Yes No
Raleigh Lanehart Electric 919-303-6266
Electrical Contractor's Company Name Telephone
1120 Burma Dr., Apex, NC 27539 verlinda@lanehart.com
Address Email Address
24980
License #

Mechanical/HVAC Contractor Information

Description of Work HVAC for New SFD
Airmakers Heating & Air Conditioning 919-878-8800
Mechanical Contractor's Company Name Telephone
5420 Old Poole Rd, Raleigh, NC 27610 kimberly@airmakers.com
Address Email Address
9809
License #

Plumbing Contractor Information

Description of Work Plumbing for New SFD # Baths 2.5
All-Max Plumbing 919-678-0111
Plumbing Contractor's Company Name Telephone
2028 Production Dr., Apex, NC 27539 vicky@all-maxplumbing.com
Address Email Address
29027
License #

Insulation Contractor Information

Insulating Inc. 919-772-9000
Insulation Contractor's Company Name & Address Telephone

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

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 that **by signing below I have obtained all subcontractors permission to obtain these permits** 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

Alyssa Oll
Signature of Owner/Contractor/Officer(s) of Corporation

11/9/15
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 Schumacher Homes of NC, Inc.

Sign w/Title Alyssa Oll Customer Coordinator Date _____



CERTIFICATE OF LIABILITY INSURANCE

OP ID: CV

DATE (MM/DD/YYYY)

04/09/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Maconachy-Stradley Insurance 3205 Bretton St. NW Suite 100 North Canton, OH 44720 Robert D. Stradley	CONTACT NAME: PHONE (A/C, No, Ext): _____ FAX (A/C, No): _____ E-MAIL ADDRESS: _____ PRODUCER CUSTOMER ID #: SCHUM-1	
	INSURER(S) AFFORDING COVERAGE	
INSURED Schumacher Homes of North Carolina, Inc. 2715 Wise Ave NW Canton, OH 44708	INSURER A : Cincinnati Insurance Co	
	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY			CPP0890539	01/01/2015	01/01/2016	EACH OCCURRENCE	\$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 500,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person)	\$ 1,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							PERSONAL & ADV INJURY
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						GENERAL AGGREGATE	\$ 1,000,000
							PRODUCTS - COMP/OP AGG	\$ 1,000,000
								\$
A	AUTOMOBILE LIABILITY			CPP0890539	01/01/2015	01/01/2016	COMBINED SINGLE LIMIT (Ea accident)	\$ 500,000
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> SCHEDULED AUTOS						PROPERTY DAMAGE (PER ACCIDENT)	\$
	<input checked="" type="checkbox"/> HIRED AUTOS							\$
<input checked="" type="checkbox"/> NON-OWNED AUTOS				\$				
								\$
A	UMBRELLA LIAB			CPP0890539	01/01/2015	01/01/2016	EACH OCCURRENCE	\$ 3,000,000
	<input checked="" type="checkbox"/> OCCUR						AGGREGATE	\$ 3,000,000
	EXCESS LIAB							\$
	<input type="checkbox"/> CLAIMS-MADE							\$
	DEDUCTIBLE							\$
	RETENTION \$							\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			WC185996904	04/13/2015	04/13/2016	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS	OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y/N	N/A				E.I. EACH ACCIDENT	\$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.I. DISEASE - EA EMPLOYEE	\$ 1,000,000
							E.I. DISEASE - POLICY LIMIT	\$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER FORINFO For Information Purposes Only	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE Robert D. Stradley

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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 Stewart Title Guarantee Company

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

Physical address of Agent same as above

Telephone 888-690-7384 Fax 913-489-5231

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.”

DO NOT REMOVE!

Details: Appointment of Lien Agent

Entry #: 377884

Filed on: 11/09/2015

Initially filed by: schumacherhomes

Designated Lien Agent

Stewart Title Guaranty Company

Online: www.liensnc.com http://www.liensnc.com

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

Phone: 888-690-7384

Fax: 913-489-5231

Email: support@liensnc.com mailto:support@liensnc.com

Owner Information

Daniel Foucher and Dawn Bishop
7421 Pine Summit Drive
Fuquay Varina, NC 27526
United States
Email: ixdaniel@mac.com
Phone: 919-561-8953

Project Property

parcel ID # is 09-9564-0111
Hillmon Grove Road
Cameron, NC 28326
Harnett County

Property Type

1-2 Family Dwelling

Date of First Furnishing

11/30/2015

Print & Post



Contractors:

Please post this notice on the Job Site.

Suppliers and Subcontractors:

Scan this image with your smart phone to view this filing. You can then file a Notice to Lien Agent for this project.

View Comments (0)

Technical Support Hotline: (888) 690-7384

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 15-50037175 Date 11/17/15
Property Address 47978 *UNASSIGNED
PARCEL NUMBER 09-9564- - -0111- - -
Application type description CP NEW RESIDENTIAL (SFD)
Subdivision Name
Property Zoning PENDING

Owner

BISHOP DAWN & FOUCHER DANIEL
3166 HILLMON GROVE RD
CAMERON NC 28326

Contractor

SCHUMACHER HOMES OF NC, INC
2715 WISE AVENUE, NW
CANTON OH 44708
(330) 478-4505

Applicant

BISHOP DAWN
7421 PINE SUMMIT DR
FUQUAY VARINA NC 27526
(919) 208-3944

--- Structure Information 000 000 60X63 4BDR SFD W/ GARAGE & DECK
Flood Zone FLOOD ZONE X
Other struct info # BEDROOMS 4000000.00
PROPOSED USE SFD
SEPTIC - EXISTING? NEW TANK
WATER SUPPLY EXT WELL

Permit BLDG, MECH, ELEC, PLB, INSU PERMIT
Additional desc
Phone Access Code 1116649
Issue Date 11/17/15 Valuation 0
Expiration Date 11/16/16

Special Notes and Comments

T/S: 09/24/2015 02:43 PM JBROCK ----
HOUSE DOWN BELOW 3166 HILLMON GROVE RD
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
PERMIT INCLUDES BLDG, ELEC, MECH, PLUMB
INSULATION AND LAND USE.
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
Work must conform and comply with the
STATE BUILDING CODE and all other State
and local laws, ordinances & regulations

HARNETT COUNTY CENTRAL PERMITTING

P.O. BOX 65

LILLINGTON, NC 27546

For Inspections Call: (910) 893-7525 Fax: (910) 893-2793

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Page 2
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 Subdivision Name
 Property Zoning PENDING

Permit BLDG,MECH,ELEC,PLB,INSU PERMIT

Additional desc . . .
 Phone Access Code . . . 1116649

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	_____	___/___/___