

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	16-50039320	Date	8/29/16
Property Address	98 OXFORD WOODS DR		
PARCEL NUMBER	04-0692- - -0017- -36-		
Application type description	CP NEW RESIDENTIAL (SFD)		
Subdivision Name	OXFORD WOODS		
Property Zoning	RES/AGRI DIST - RA-30		

Owner	Contractor
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COMFORT HOMES INC	COMFORT HOMES INC
P O BOX 369	PO BOX 369
CLAYTON	CLAYTON
CLAYTON	NC 27520
NC 27520	(919) 553-3242

Applicant

JULIAN STEWART

(919) 422-1481

--- Structure Information 000 000 72X36 3BDR CRAWL W/ GARGE & DECK

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	1151695		
Issue Date	8/29/16	Valuation	0
Expiration Date	8/29/17		

Special Notes and Comments

OXFORD WOODS LOT 41 OFF OLD STAGE

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PERMIT INCLUDES BLDG,ELEC,MECH,PLUMB

INSULATION AND LAND USE.

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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	_____	___/___/___
50-60	209	E209	R*ELEC TEMP POWER CERT	_____	___/___/___
999		H824	ENVIR. OPERATIONS PERMIT	_____	___/___/___