



# PLUMBING RESIDENTIAL

910-893-7525

www.harnett.org

PERMIT NUMBER

PRES2001-0005

<b>JOB ADDRESS:</b> 355 MOONLIGHT DR	<b>PERMIT SUBTYPE:</b> MINIMUM PLUMBING U003C IS 2 FIXTURES	<b>PARCEL NO:</b> 0665-80-2349.000
<b>DESCRIPTION:</b> tub to shower convers(master bath)	<b>DATE ISSUED:</b> 1/7/2020	<b>DATE EXPIRED:</b>
<b>PLAN NAME:</b>	<b>ZONING DISTRICT:</b> RA-30 - 0.63 acres (100.0%)	

<b>APPLICANT:</b> REBATH OF THE TRIANGLE-RALEIGH 8817 WESTGATE PARK DR SUITE 112 RALEIGH, NC 27617	<b>PHONE:</b> (919)210-1173 <b>EMAIL:</b> josh@trianglerebath.com
<b>CONTRACTOR:</b> REBATH OF THE TRIANGLE-RALEIGH 8817 WESTGATE PARK DR SUITE 112 RALEIGH, NC 27617	<b>PHONE:</b> (919)210-1173 <b>EMAIL:</b> josh@trianglerebath.com
<b>OWNER:</b> GOOLD JANA M 355 MOONLIGHT DR FUQUAY-VARINA, NC 27526 FUQUAY VARINA, NC 27526	<b>PHONE:</b> <b>EMAIL:</b>

## REQUIRED INSPECTIONS

INSPECTION TYPE	APPROVAL	DATE	COMMENTS
-----------------	----------	------	----------