



# PLUMBING RESIDENTIAL

910-893-7525

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PERMIT NUMBER

PRES2006-0006

<b>JOB ADDRESS:</b> 3690 BAILEYS XRDS RD	<b>PERMIT SUBTYPE:</b> MINIMUM PLUMBING U003C IS 2 FIXTURES	<b>PARCEL NO:</b> 1610-67-8314.000
<b>DESCRIPTION:</b> walk in tub install	<b>DATE ISSUED:</b> 6/12/2020	<b>DATE EXPIRED:</b>
<b>PLAN NAME:</b>	<b>ZONING DISTRICT:</b> RA-30 - 1.81 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> STEPHENSON RHONDA D 3690 BAILEYS XRDS RD BENSON, NC 27504 BENSON, NC 27504-6233	<b>PHONE:</b> <b>EMAIL:</b>

### REQUIRED INSPECTIONS

INSPECTION TYPE	APPROVAL	DATE	COMMENTS
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