



PLUMBING RESIDENTIAL

910-893-7525

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PERMIT NUMBER

PRES2505-0003

JOB ADDRESS: 89 E TRYON CT	PERMIT SUBTYPE: MINIMUM PLUMBING U003C IS 2 FIXTURES	PARCEL NO: 0514-25-7613.000
DESCRIPTION: Replace roof truss/frame/shingles, restore fire damage.	DATE ISSUED: 5/5/2025	DATE EXPIRED:
PLAN NAME:	ZONING DISTRICT: RA-20M - 0.22 acres (100.0%)	

APPLICANT: MONTE KARI LYNN 89 E TRYON CT SPRING LAKE, NC 28390 SPRING LAKE, NC 28390-0000	PHONE: (910)303-3861 EMAIL: pochokari2@embarqmail.com
CONTRACTOR: MONTE KARI LYNN 89 E TRYON CT SPRING LAKE, NC 28390 SPRING LAKE, NC 28390-0000	PHONE: (910)303-3861 EMAIL: pochokari2@embarqmail.com
OWNER: MONTE KARI LYNN 89 E TRYON CT SPRING LAKE, NC 28390 SPRING LAKE, NC 28390-0000	PHONE: EMAIL:

REQUIRED INSPECTIONS

INSPECTION TYPE	APPROVAL	DATE	COMMENTS
FINAL **			
ROUGH IN			