IREDELL COUNTY

PO Box 788
349 North Center St.
Statesville, NC 28677

APPLICATION NUMBER

301437
Issue Date: 10/02/2019

Permit Type: BUILDING RESIDENTIAL - SINGLE FAMIY REMODEL

Parcel Number	Street Address
4657504537.000	548 W LOWRANCE AVE
Zone Code	**Jurisdiction**

Owner Information	Applicant Information
Name: MACK JEFFREY K	Name: ALLPHASE EXTERIORS LLC OF CONCORD
Phone:	Phone: (704)788-3330

Contractor Information

		License Type	License Number
Name:	ALLPHASE EXTERIORS LLC OF CONCORD		
Address:	PO BOX 5193	BUILDING	77952
Phone:	(704)788-3330		

Project Description

INTERIOR KITCHEN RENOVATION

Building Information

Proposed Use: R-3 RESIDENTIAL	Heated Sq. Ft: 360
Construction Type: VB	Unheated Sq. Ft: 0
Number of Stories: 1	Gross Sq. Ft: 360
Estimated Cost of Construction: $17,038.80	

Conditions	Fees		
	COMPLET BUILDING PERMIT F	Amount:	$115.86
	TECHNOLOGY FEE - INSPECTI	Amount:	$3.48

Permit Details

I hereby certify that all information in this application is correct and all work will comply with the state code and all other applicable state and local laws, ordinances and regulations. The respective department will be notified of any changes in the approved plans, a change of contractor, and/or specifications for the project permitted herein. This application becomes a permit only when validated and approved.

Date: 10/02/2019

Signature of Owner/Contractor

ANY PERMIT ISSUED EXPIRES SIX (6) MONTHS AFTER ISSUANCE IF NO INSPECTIONS HAVE BEEN MADE. ANY PERMIT ISSUED SHALL EXPIRE TWELVE (12) MONTHS AFTER LAST INSPECTION IF THE WORK IS DISCONTINUED.

Permit Number	300500	TOTAL FEES:	$119.34