



Wake County Environmental Services

Online Permit Search

Permit
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Permit Details: 0022467

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Owner Information

Permit Number: **0022467**

Address: **07600 DOUBLE E CT**

Owner Name: **C & H RAY LLC**

Subdivision Name: **MT PLEASANT WOO**

Lot/Section:

Square Footage: **2978**

Status Information

Status: **COMPLETED**

Hold Status

ZON:

ENG:

INS:

FIR:

SUB:

EFS:

WW:

Additional Information

Add Date: **2/27/2002**

Permit Fee: **792.00**

Receipt #: **081820**

Application Issue Date: **4/25/2002**

Applicant Name: **MEADE, JAMES & KRISTY**

Completion Date: **1/22/2003**

Use Code: **101**

Use Code Description: **ONE-FAMILY HOUSE**

Existing Use Code:

Existing Use Code Description:

Improvement Value: **140000**

Water System Type: **I**

Sewer System Type: **I**

Township Code: **02**

Township Description: **BARTON"S CREEK**

Zoning Code: **40W**

Street:

Street Number: **07600**

Street Misc:

Street Dir Prefix:

Stret Name: **DOUBLE E**

Street Type: **CT**

Street Dir Suffix:

PIN: **0881508028**

PIN Map Number: **0881**

PIN Block Number: **50**

PIN Lot Number: **8028**

PIN Ext Number: **000**

PIN Split:

City Code:

Acres: **0.76**

Mailing Address City: **RALEIGH**

Mailing Address State: **NC**

Mailing Address Zip: **27613**

Directions Comment:

**50N L MT VERNON CH RD L OLD CREEDMOOR R
DOUBLE E ON CORNER (2ST,SFD,GAR,F
POR,PREFAB) (AMEND TO ADD STUDY)(AMEND
PLAN FOR STRUCTURAL**

WPermit Type Solid Waste:

WPermit Type Water Quality:

WPermit Type Land: **Y**

WPermit Type Bldg: **Y**

WPermit Type Fire:

Temporary Pole Flag: **Y**

Contact Name: **MEADE, JAMES & KRISTY**

Map Parcel Block: **0196**

Map Parcel Lot: **0003**

Plat Ref Year: **2001**

Plat Ref Page: **02193**

Bedrooms: **5**

Basement: **N**

Garbage Disposal: **N**

Pump: **N**

Number of Employees: **0**

Food Handling:

BOA Required:

BOA Date:

BOA Case Number:

BOA Action:

MH Make:

MH Serial Number:

MH_UL_HUD Number:

MH Year: **0**

MH Size: **00 X 00**

MH Color:

Health Permit Number: **D023795**

Health OP Date: **10/2/2002**

Health OP By: **SFM**

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