

POLK COUNTY BUILDING INSPECTIONS

CALL 828-894-3739 FOR INSPECTIONS

OFFICE HOURS 8 - 4:30pm

DATE 12-2-22

INSPECTOR Abolt

THANK U

PERMIT# 24238 ADDRESS 300

	APPROVED	
	YES	NO
BUILDING:		
___ Footings	<input type="checkbox"/>	<input type="checkbox"/>
___ Slab	<input type="checkbox"/>	<input type="checkbox"/>
___ Foundation & Piers	<input type="checkbox"/>	<input type="checkbox"/>
___ Drainage	<input type="checkbox"/>	<input type="checkbox"/>
___ Waterproofing	<input type="checkbox"/>	<input type="checkbox"/>
___ Floor System	<input type="checkbox"/>	<input type="checkbox"/>
___ Framing	<input type="checkbox"/>	<input type="checkbox"/>
___ Insulation	<input type="checkbox"/>	<input type="checkbox"/>
___ Final	<input type="checkbox"/>	<input type="checkbox"/>
MOBILE HOME/MODULAR:		
___ Marriage Wall	<input type="checkbox"/>	<input type="checkbox"/>
OTHER:		

OK Horizon Change out
HT Pump

	APPROVED	
	YES	NO
ELECTRICAL:		
___ Temp Service Pole	<input type="checkbox"/>	<input type="checkbox"/>
___ Under Slab	<input type="checkbox"/>	<input type="checkbox"/>
___ Rough-in	<input type="checkbox"/>	<input type="checkbox"/>
___ Final	<input type="checkbox"/>	<input type="checkbox"/>
PLUMBING:		
___ Under Slab	<input type="checkbox"/>	<input type="checkbox"/>
___ Sewer Line	<input type="checkbox"/>	<input type="checkbox"/>
___ Water Line	<input type="checkbox"/>	<input type="checkbox"/>
___ Rough-in	<input type="checkbox"/>	<input type="checkbox"/>
___ Final	<input type="checkbox"/>	<input type="checkbox"/>
___ Gas Piping	<input type="checkbox"/>	<input type="checkbox"/>
MECHANICAL:		
___ Over head	<input type="checkbox"/>	<input type="checkbox"/>
___ Rough-in	<input type="checkbox"/>	<input type="checkbox"/>
___ Final	<input type="checkbox"/>	<input type="checkbox"/>

POLK COUNTY BUILDING INSPECTIONS

CALL 828-894-3739 FOR INSPECTIONS

OFFICE HOURS 8 - 4:30pm

DATE 11-23-20

INSPECTOR ADH

PERMIT# _____ ADDRESS 295 E Main Ivy Terrace

	APPROVED	
	YES	NO
BUILDING:		
___ Footings	<input type="checkbox"/>	<input type="checkbox"/>
___ Slab	<input type="checkbox"/>	<input type="checkbox"/>
___ Foundation & Piers	<input type="checkbox"/>	<input type="checkbox"/>
___ Drainage	<input type="checkbox"/>	<input type="checkbox"/>
___ Waterproofing	<input type="checkbox"/>	<input type="checkbox"/>
___ Floor System	<input type="checkbox"/>	<input type="checkbox"/>
___ Framing	<input type="checkbox"/>	<input type="checkbox"/>
___ Insulation	<input type="checkbox"/>	<input type="checkbox"/>
___ Final	<input type="checkbox"/>	<input type="checkbox"/>
MOBILE HOME/MODULAR:		
___ Marriage Wall	<input type="checkbox"/>	<input type="checkbox"/>
OTHER:		

	APPROVED	
	YES	NO
ELECTRICAL:		
___ Temp Service Pole	<input type="checkbox"/>	<input type="checkbox"/>
___ Under Slab	<input type="checkbox"/>	<input type="checkbox"/>
___ Rough-in	<input type="checkbox"/>	<input type="checkbox"/>
___ Final	<input type="checkbox"/>	<input type="checkbox"/>
PLUMBING:		
___ Under Slab	<input type="checkbox"/>	<input type="checkbox"/>
___ Sewer Line	<input type="checkbox"/>	<input type="checkbox"/>
___ Water Line	<input type="checkbox"/>	<input type="checkbox"/>
___ Rough-in	<input type="checkbox"/>	<input type="checkbox"/>
___ Final	<input type="checkbox"/>	<input type="checkbox"/>
___ Gas Piping	<input type="checkbox"/>	<input type="checkbox"/>
MECHANICAL:		
___ Over head	<input type="checkbox"/>	<input type="checkbox"/>
___ Rough-in	<input type="checkbox"/>	<input type="checkbox"/>
___ Final	<input type="checkbox"/>	<input type="checkbox"/>

REMARKS:

Replace
HVAC OK

POLK COUNTY BUILDING INSPECTIONS

CALL 828-894-3739 FOR INSPECTIONS
OFFICE HOURS 8 - 4:30pm

DATE 12-20-21

INSPECTOR JK
THANKS

PERMIT# 22897

ADDRESS 300

	APPROVED	
	YES	NO
BUILDING:		
___ Footings	<input type="checkbox"/>	<input type="checkbox"/>
___ Slab	<input type="checkbox"/>	<input type="checkbox"/>
___ Foundation & Piers	<input type="checkbox"/>	<input type="checkbox"/>
___ Drainage	<input type="checkbox"/>	<input type="checkbox"/>
___ Waterproofing	<input type="checkbox"/>	<input type="checkbox"/>
___ Floor System	<input type="checkbox"/>	<input type="checkbox"/>
___ Framing	<input type="checkbox"/>	<input type="checkbox"/>
___ Insulation	<input type="checkbox"/>	<input type="checkbox"/>
___ Final	<input type="checkbox"/>	<input type="checkbox"/>
MOBILE HOME/MODULAR:		
___ Marriage Wall	<input type="checkbox"/>	<input type="checkbox"/>
OTHER:		

	APPROVED	
	YES	NO
ELECTRICAL:		
___ Temp Service Pole	<input type="checkbox"/>	<input type="checkbox"/>
___ Under Slab	<input type="checkbox"/>	<input type="checkbox"/>
___ Rough-in	<input type="checkbox"/>	<input type="checkbox"/>
___ Final	<input type="checkbox"/>	<input type="checkbox"/>
PLUMBING:		
___ Under Slab	<input type="checkbox"/>	<input type="checkbox"/>
___ Sewer Line	<input type="checkbox"/>	<input type="checkbox"/>
___ Water Line	<input type="checkbox"/>	<input type="checkbox"/>
___ Rough-in	<input type="checkbox"/>	<input type="checkbox"/>
___ Final	<input type="checkbox"/>	<input type="checkbox"/>
___ Gas Piping	<input type="checkbox"/>	<input type="checkbox"/>
MECHANICAL:		
___ Over head	<input type="checkbox"/>	<input type="checkbox"/>
___ Rough-in	<input type="checkbox"/>	<input type="checkbox"/>
___ Final	<input type="checkbox"/>	<input type="checkbox"/>

REMARKS:

OK HVAC

P.O. Box 2018
 Hendersonville
 North Carolina 28793

RB
Service Co., Inc.

Service Order
 Invoice

No. **25993**

26933

(828) 696-1972

NAME <i>Ivy Terrace</i>		TELEPHONE	DATE <i>8/1/2022</i>	
ADDRESS <i>300 Ivy Terrace Dr.</i>		CITY / STATE / ZIP CODE <i>Saluda, W.C. 28713</i>		MAKE
BILL TO	TELEPHONE		MODEL #	
ADDRESS		CITY / STATE / ZIP CODE		SERIAL #
AUTHORIZED BY <i>Diane/Herbert</i>	P.O. #	TECHNICIAN <i>Brandon</i>	INSTALL DATE	
DESCRIPTION OF PROBLEM <i>Periodic maintenance on 2 cookers, ice machine. Check over, + vent hood.</i>			LABOR HOURS <i>Service Charge</i>	TOTAL <i>80 00</i>
WORK PERFORMED <i>Cleaned out condenser coil, and drain line on reach in cookers, and ensured units working @ this time. Checked, + ensured dishwasher working, and fixed leak on delayed line. Ensured areas @ proper temperatures. Checked ice machine, and ensured unit working @ this time. Replaced water filter, and ensured working @ this time.</i>				<i>250 00</i>
QTY	MATERIALS / PARTS		UNIT PRICE	AMOUNT
<i>1</i>	<i>Water Filter Assy.</i>			<i>70 00</i>
<p>I have authority to order the work outlined above which has been satisfactorily completed. I agree that Seller retains title to equipment / materials furnished until final payment is made. If payment is not made as agreed, Seller can remove said equipment / materials at Seller's expense. Any damage resulting from said removal shall not be the responsibility of Seller. RB Service Co., Inc. is not liable for loss of product due to equipment failure or malfunction. Finance charge of 1.5% per month may be charged on past due amounts. RB Services will charge a returned check fee of \$35.00 on every check that is returned by a bank as unpaid.</p> <p>A processing fee of 4% will apply when an accepted credit card is used for payment (VISA, MC or AMEX).</p>			SUB TOTAL	<i>70 00</i>
			TAX	<i>24 98</i>
			TOTAL LABOR	<i>300 00</i>
			TOTAL	<i>394 98</i>
CUSTOMER SIGNATURE	DATE	<input type="checkbox"/> CASH <input type="checkbox"/> CHECK <input type="checkbox"/> CHARGE	<p><i>Please remit with this invoice</i></p> <p><i>Thank You!</i></p>	
TECHNICIAN SIGNATURE <i>[Signature]</i>	DATE <i>8/1/2022</i>			