

**NORTH CAROLINA LICENSING BOARD FOR
GENERAL CONTRACTORS**

A REQUEST FOR CERTIFIED COPIES OF BUILDING INSPECTION RECORDS

In the Matter of: JOSH STURTZ HOMES, LLC

License No.: 79742 **Complaint File No.:** 19-C-311

As employee of the HARNETT City/County Inspection Department
and states under oath that the attached _____ sheets to be a true and accurate

authentic **copy of the building permit records for the following address:**

- 1) 54 William BETHUNE COURT, LINDEN, NC
STORM REPAIR

This information was requested by Joel Macon, Field Investigator for the North Carolina Licensing Board for General Contractors.

This the 7 day of October 2019

X Donna Johnson

Signature of Person Completing Form

Print Name: Donna Johnson

Title: Project Coordinator / Customer Service Rep.

Address: 70 Bowles
108 E Fern St.
Wilmington, NC 27546

Signed and sworn to before me this day
7th of October, 2019

by Donna Johnson

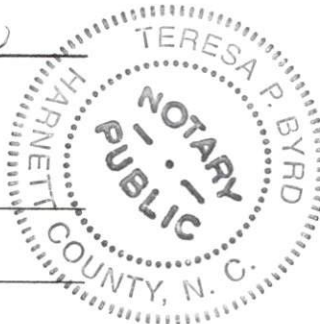
X Teresa P. Byrd
Notary Public

Printed Name of Notary:

Teresa P. Byrd

My Commission Expires:

11-4-19



PLEASE RETURN TO:

joelmacon@ncibgc.org

or mail to:

Joel Macon, Investigator

P.O. Box 413

Carolina Beach, NC 28428



Initial Application Date: 9.25.18

Application # BRES1809-0035

CU# _____

COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION
Central Permitting 108 E. Front Street, Lillington, NC 27546 Phone: (910) 893-7525 ext. 2 Fax: (910) 893-7525 www.harnett.org/permits

A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) & SITE PLAN ARE REQUIRED WHEN SUBMITTING A LAND USE APPLICATION

LANDOWNER: ROSE BILBY Mailing Address: 50 William Bethune Circle
City: Lindon State: NC Zip: 28386 Contact No: _____ Email: _____

APPLICANT*: JOSH STURTZ HUNTER Mailing Address: 531 SHAWCLOFT RD

City: FAYETTEVILLE State: NC Zip: 28311 Contact No: 910-797-1695 Email: teamsturtzy@gmail.com
*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: _____ Phone # _____

ADDRESS: _____ PIN: _____

DEED OR OTP: _____

PROPOSED USE:

SFD: (Size 2300 x _____) # Bedrooms: 3 # Baths: 3 Basement(w/wo bath): 2 Garage: 1 Deck: Crawl Space: Slab: Monolithic Slab:
(Is the bonus room finished? yes no w/ a closet? yes no (if yes add in with # bedrooms)

Mod: (Size _____ x _____) # Bedrooms _____ # Baths _____ Basement (w/wo bath) Garage: Site Built Deck: On Frame Off Frame
(Is the second floor finished? yes no Any other site built additions? yes no

Manufactured Home: SW DW TW (Size _____ x _____) # Bedrooms: _____ Garage: site built? Deck: site built?

Duplex: (Size _____ x _____) No. Buildings: _____ No. Bedrooms Per Unit: _____

Home Occupation: # Rooms: _____ Use: _____ Hours of Operation: _____ # Employees: _____

Addition/Accessory/Other: (Size _____ x _____) Use: _____ Closets in addition? yes no

Water Supply: _____ County _____ Existing Well _____ New Well (# of dwellings using well _____) *Must have operable water before final (Need to Complete New Well Application at the same time as New Tank)

Sewage Supply: _____ New Septic Tank _____ Expansion _____ Relocation _____ Existing Septic Tank _____ County Sewer
(Complete Environmental Health Checklist on other side of application if Septic)

Does owner of this tract of land, own land that contains a manufactured home within five hundred feet (500') of tract listed above? yes no

Does the property contain any easements whether underground or overhead yes no

Structures (existing or proposed): Single family dwellings: _____ Manufactured Homes: _____ Other (specify): _____

If permits are granted I agree to conform to all ordinances and laws of the State of North Carolina regulating such work and the specifications of plans submitted. I hereby state that foregoing statements are accurate and correct to the best of my knowledge. Permit subject to revocation if false information is provided.

9-25-2018
Date

It is the owner/applicants responsibility to provide the county with any applicable information about the subject property, including but not limited to: boundary information, house location, underground or overhead easements, etc. The county or its employees are not responsible for any incorrect or missing information that is contained within these applications.

This application expires 6 months from the initial date if permits have not been issued

APPLICATION CONTINUES ON BACK

strong roots • new growth

strong roots • new growth

****This application expires 6 months from the initial date if permits have not been issued****

This application to be filled out when applying for a septic system inspection.

County Health Department Application for Improvement Permit and/or Authorization to Construct

IF THE INFORMATION IN THIS APPLICATION IS FALSIFIED, CHANGED, OR THE SITE IS ALTERED, THEN THE IMPROVEMENT PERMIT OR AUTHORIZATION TO CONSTRUCT SHALL BECOME INVALID. The permit is valid for either 60 months or without expiration depending upon documentation submitted. (Complete site plan = 60 months; Complete plat = without expiration)

Environmental Health New Septic System

- All property irons must be made visible.** Place "pink property flags" on each corner iron of lot. All property lines must be clearly flagged approximately every 50 feet between corners.
- Place "orange house corner flags" at each corner of the proposed structure. Also flag driveways, garages, decks, out buildings, swimming pools, etc. Place flags per site plan developed at/for Central Permitting.
- Place orange Environmental Health card in location that is easily viewed from road to assist in locating property.
- If property is thickly wooded, Environmental Health requires that you clean out the undergrowth to allow the soil evaluation to be performed. Inspectors should be able to walk freely around site. Do not grade property.
- All lots to be addressed within 10 business days after confirmation. \$25.00 return trip fee may be incurred for failure to uncover outlet lid, mark house corners and property lines, etc. once lot confirmed ready.**

Environmental Health Existing Tank Inspections

- Follow above instructions for placing flags and card on property.
- Prepare for inspection by removing soil over outlet end of tank as diagram indicates, and lift lid straight up (if possible) and then put lid back in place. (Unless inspection is for a septic tank in a mobile home park)
- DO NOT LEAVE LIDS OFF OF SEPTIC TANK**

MORE INFORMATION MAY BE REQUIRED TO COMPLETE ANY INSPECTION

SEPTIC

If applying for authorization to construct please indicate desired system type(s): can be ranked in order of preference, must choose one.

- Accepted Innovative Conventional Any
 Alternative Other _____

The applicant shall notify the local health department upon submittal of this application if any of the following apply to the property in question. If the answer is "yes", applicant MUST ATTACH SUPPORTING DOCUMENTATION:

- YES NO Does the site contain any Jurisdictional Wetlands?
- YES NO Do you plan to have an irrigation system now or in the future?
- YES NO Does or will the building contain any drains? Please explain. _____
- YES NO Are there any existing wells, springs, waterlines or Wastewater Systems on this property?
- YES NO Is any wastewater going to be generated on the site other than domestic sewage?
- YES NO Is the site subject to approval by any other Public Agency?
- YES NO Are there any Easements or Right of Ways on this property?
- YES NO Does the site contain any existing water, cable, phone or underground electric lines?

If yes please call No Cuts at 800-632-4949 to locate the lines. This is a free service.

I Have Read This Application And Certify That The Information Provided Herein Is True, Complete And Correct. Authorized County And State Officials Are Granted Right Of Entry To Conduct Necessary Inspections To Determine Compliance With Applicable Laws And Rules. I Understand That I Am Solely Responsible For The Proper Identification And Labeling Of All Property Lines And Corners And Making The Site Accessible So That A Complete Site Evaluation Can Be Performed.



STURTZ REALTY

531 SHAWCROFT ROAD
FAYETTEVILLE, NC 28311
TEAMSTURTZY@GMAIL.COM

910-797-1695

910-488-3356

WWW.TEAMSTURTZ.COM

JOSH STURTZ
BROKER/OWNER





BRES1809.0035
BRES1809.0034

Application #

Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
910-893-7625 Fax 910-893-2793 www.harnett.org/permits

Each section below to be filled out by whoever performing work. Must be owner or licensed contractor. Address, company name & phone must match information on license!

Application for Residential Building and Trades Permit

Owner's Name: _____ Date: _____
Site Address: _____ Phone: _____
Subdivision: _____ Lot: _____
Description of Proposed Work: _____

General Contractor Information

JOSH STURTZ HOMES LLC 910-797-1695
Building Contractor's Company Name Telephone
531 SHAWCROFT RD
Address Email Address
79742
License #

Electrical Contractor Information

Description of Work FLOOD DAMAGE Service Size: 200 Amps T-Pole: Yes No
BUFORD ELECTRIC 910-723-1937
Electrical Contractor's Company Name Telephone
3324 Gillespie St; FAY, NC 28306 BUFORDELECTRIC@gmail.com
Address Email Address
31424-U 948 Pan Dr.
License # HOPE MILLS, NC 28348

Mechanical/HVAC Contractor Information

Description of Work CAROLINA COMFORT AIR FLOOD DAMAGE
CAROLINA COMFORT AIR 910-339-2374
Mechanical Contractor's Company Name Telephone
703 N CLINTON AVE.; DUNN, NC 28331 logan.thompson@carolina
Address Email Address comfort
290-77 air.com
License #

Plumbing Contractor Information

Description of Work FLOOD DAMAGE # Baths 3
VANCE JOHNSON PLUMBING 910-424-6717
Plumbing Contractor's Company Name Telephone
3242 MID PINE RD; FAY, NC 28306 workrequests@vjplumbing.com
Address Email Address
7756
License #

Insulation Contractor Information

TRICITY INSULATION 334 E. MOUNTAIN DR 910-486-8855
Insulation Contractor's Company Name & Address Telephone
FAY, NC 28306

NOTE: General Contractor / owner must fill out and sign the second page of this application!



I hereby certify that I have the authority to make necessary application, that the application is correct and that the construction will conform to the regulations in the Building, Electrical, Plumbing and Mechanical codes, and the Harnett County Zoning Ordinance. I state the information on the above contractors is correct as known to me and that by signing below I have obtained all subcontractors permission to obtain these permits and if any changes occur including listed contractors, site plan, number of bedrooms, building and trade plans, Environmental Health permit changes or proposed use changes, I certify it is my responsibility to notify the Harnett County Central Permitting Department of any and all changes.

EXPIRED PERMIT FEES - 6 Months to 2 years permit re-issue fee is \$150.00. After 2 years re-issue fee is as per current fee schedule.

PRESIDENT

DocuSigned by:

Joshua D Sturtz

Joshua D Sturtz

9/25/2018 2:40:08 PM PDT

Signature of Owner/Contractor/Officer(s) of Corporation

Date

Affidavit for Worker's Compensation N.C.G.S. 87-14

The undersigned applicant being the:

General Contractor Owner Officer/Agent of the Contractor or Owner

Do hereby confirm under penalties of perjury that the person(s); firm(s) or corporation(s) performing the work set forth in the permit:

Has three (3) or more employees and has obtained workers' compensation insurance to cover them.

Has one (1) or more subcontractors(s) and has obtained workers' compensation insurance to cover them.

Has one (1) or more subcontractors(s) who has their own policy of workers' compensation insurance covering themselves.

Has no more than two (2) employees and no subcontractors.

While working on the project for which this permit is sought it is understood that the Central Permitting Department issuing the permit may require certificates of coverage of worker's compensation insurance prior to issuance of the permit and at any time during the permitted work from any person, firm or corporation carrying out the work.

PRESIDENT

Sign w/Title:

Joshua D Sturtz

Joshua D Sturtz

Date: 9/25/2018 2:40:08 PM PDT

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DO NOT REMOVE!

Details: Appointment of Lien Agent

Entry #: 923795

Filed on: 09/25/2018

Initially filed by: JoshSturtz

Designated Lien Agent

Investors Title Insurance Company

Online: www.liensnc.com

Address: 19 W. Hargett St., Suite 507 / Raleigh, NC
27601

Phone: 888-690-7384

Fax: 913-489-5231

Email: support@liensnc.com

Project Property

50 William Bethune Circle
Linden, NC 28311
Harnett County

Property Type

1-2 Family Dwelling

Print & Post



Contractors:

Please post this notice on the Job Site.

Suppliers and Subcontractors:

Scan this image with your smart phone to view this filing. You can then file a Notice to Lien Agent for this project.

Owner Information

Joshua Sturtz
531 Shawcroft Road
Fayetteville, NC 28311
United States
Email: teamsturtzy@gmail.com
Phone: 910-797-1695

Date of First Furnishing

09/25/2018

View Comments (0)

Technical Support Hotline: (888) 690-7384



BUILDING RESIDENTIAL PERMIT

Harnett County

PERMIT NUMBER
BRES1809-0035

PERMIT TYPE: BUILDING RESIDENTIAL	SUBDIVISION/COMM SITE: DS-00358-001-001-CAROLINA OAKS	TAX MAP NO: 0544-03-4897.000
PERMIT SUB TYPE : RESIDENTIAL ADD/ALTER		BLDG USE GROUP:
JOB ADDRESS: 54 WILLIAM BETHUNE CT		
DESCRIPTION: Flood damage home		
ZONED AS: CONSERVATION - 1.11 acres (74.95%), RA-20R - 0.37 acres (25.05%)	TOTAL SQFT: 0	SPRINKLERS:
TOTAL WORK VALUE: \$0.00	TYPE OF CONSTRUCTION:	BUILDING USE:
APPLICANT: Josh Sturtz Homes		PHONE: (910)797-1695
MAILING ADDRESS: 531 Shawcroft Rd Fayetteville, NC 28311		FAX:
CONTRACTOR: Josh Sturtz Homes		PHONE: (910)797-1695
MAILING ADDRESS: 531 Shawcroft Rd Fayetteville, NC 28311		FAX:
OWNER: WILLIAMS THOMAS G		PHONE:
MAILING ADDRESS: 54 WILLIAM BETHUNE CT LINDEN, NC 28356 LINDEN, NC 28356		FAX:
ARCHITECT:		PHONE:
MAILING ADDRESS: ,		FAX:

COMMENTS

This home is being gutted and renovated on inside due to being flooded from Florence. Per Oliver he will check septic to make sure all is ok.

Per Josh Sturtz's request, he will be getting a refund of all his permit fees for houses he is renovating. See attached pictures and general assembly notice.

FEES			
DESCRIPTION	ACCOUNT	QUANTITY	PAID AMOUNT
RESIDENTIAL BUILDING PERMIT FEE	110-0000-322.30-01	0	\$805.00
Storm Damage Refund-Florence	110-0000-322.30-01	0	\$805.00
			TOTAL: \$1,610.00

**ALL WORK TO CONFORM TO THE CURRENT EDITION OF THE INTERNATIONAL BUILDING CODE (IBC).
A 24 HOUR NOTICE IS REQUIRED FOR ALL INSPECTIONS.**

Building Official: _____ Issued By: _____ Date: _____



Harnett County
 108 EAST FRONT STREET
 LILLINGTON, NC 27546
 Phone:
 Fax:

10/3/2019

SUBJECT: BRES1809-0035
BUILDING RESIDENTIAL

To: Josh Sturtz Homes

Here are the results of all Inspections located at **54 WILLIAM BETHUNE CT:**

Inspection Type: ROUGH IN
 Scheduled Date/Time: 10/10/2018
 Completed Date/Time: 10/10/2018
 Inspector: Jimmy Hall
 Result: DISAPPROVED
 Remarks:
 Notes: OK to side for rough in inspection all electrical boxes need to be installed & all plumbing needs to be installed like tubs and tested

Inspection Type: ROUGH IN
 Scheduled Date/Time: 10/29/2018
 Completed Date/Time: 10/29/2018
 Inspector: Jimmy Hall
 Result: APPROVED
 Remarks:
 Notes:

Inspection Type: ROUGH IN
 Scheduled Date/Time: 12/17/2018
 Completed Date/Time: 12/17/2018
 Inspector: Ken Slattum
 Result: APPROVED
 Remarks:
 Notes: bldg., elect plumb rough ins
 Please call Travis at 910-633-5984

Inspection Type: INSULATION
 Scheduled Date/Time: 12/27/2018
 Completed Date/Time: 12/27/2018
 Inspector: Ken Slattum
 Result: DISAPPROVED
 Remarks:
 Notes: Lock box code 5150
 R15 insulation required in zone 4 Harnett County. Remove R13 and replace with R 15.





Harnett County
108 EAST FRONT STREET

LILLINGTON, NC 27546
Phone:
Fax:

Inspection Type: INSULATION
Scheduled Date/Time: 1/7/2019
Completed Date/Time: 1/7/2019
Inspector: Ken Slattum
Result: APPROVED
Remarks:
Notes: Lockbox#1020

Inspection Type: TEMP POWER CERTIFICATION
Scheduled Date/Time: 3/7/2019
Completed Date/Time: 3/7/2019
Inspector: Ken Slattum
Result: DISAPPROVED
Remarks:
Notes: Cannot have open wires hanging out of walls

Inspection Type: TEMP POWER CERTIFICATION
Scheduled Date/Time: 3/19/2019
Completed Date/Time: 3/19/2019
Inspector: Ken Slattum
Result: APPROVED
Remarks:
Notes: Lock box code is 1020

Inspection Type: FINAL**
Scheduled Date/Time: 4/2/2019 Any
Completed Date/Time: 4/2/2019
Inspector: Scott Guy
Result: APPROVED
Remarks: eTRAKiT Inspection Request
Notes: 4/1/2019 11:13 AM Josh Sturtz Homes
Lockbox Code 1020
Contact Name: Josh Sturtz Homes
Site Address: 54 WILLIAM BETHUNE CT
Phone: 9107971695
e-Mail: teamsturtzy@gmail.com



12-27-2018 09:37:18 AM GPS X= 35.244629 Y= -78.864912



12-27-2018 09:34:29 AM GPS X= 35.244598 Y= -78.8645...





Josh Sturtz Homes (79742)
Josh Sturtz, President
531 Shawcroft Road
Fayetteville, NC 28311

October 6, 2018

Dear Mr Locklear,

I pulled two permits for Hurricane Florence flood damaged homes at 50 William Bethune Ct and 54 William Bethune Ct. The permit for 50 William Bethune Ct was \$700 and 54 William Bethune Ct was \$800. I'm requesting the permit fees be waived and reimbursed to both homeowners as Flood Insurance is not covering all their losses. Any help getting these fees reimbursed would be greatly appreciated.

Thank You.

Josh Sturtz, President
Josh Sturtz Homes

DocuSigned by:
Joshua Don Sturtz
8D08BE6816EE463...

CC: Rose Bilby;
Thomas Williams



BUILDING RESIDENTIAL

910-893-7525

www.harnett.org

PERMIT NUMBER

BRES1809-0035

JOB ADDRESS: 54 WILLIAM BETHUNE CT	PERMIT SUBTYPE: RESIDENTIAL ADD/ALTER	PARCEL NO: 0544-03-4897.000
DESCRIPTION: Flood damage home	DATE ISSUED:	DATE EXPIRED:
PLAN NAME:	ZONING DISTRICT: CONSERVATION - 1.11 acres (74.95%), RA-20R - 0.37 acres (25.05%)	

APPLICANT: Josh Sturtz Homes 531 Shawcroft Rd Fayetteville, NC 28311	PHONE: (910)797-1695 EMAIL:
CONTRACTOR: Josh Sturtz Homes 531 Shawcroft Rd Fayetteville, NC 28311	PHONE: (910)797-1695 EMAIL:
OWNER: WILLIAMS THOMAS G 54 WILLIAM BETHUNE CT LINDEN, NC 28356 LINDEN, NC 28356	PHONE: EMAIL:

REQUIRED INSPECTIONS

INSPECTION TYPE	APPROVAL	DATE	COMMENTS
FINAL**			
FOUNDATION			
INSULATION			
ROUGH IN			
TAX INSPECTION			

COUNTY OF HARNETT
Building Inspections Department
Planning Services

Certificate of Compliance: _____ **Occupancy:** _____

Certificate issued pursuant to the requirements of North Carolina General Statute 153A-363 and Harnett County Zoning Ordinances. This certifies at the time of issuance, this structure was in compliance with the various ordinances of the County of Harnett and the North Carolina State Building Codes. For the following:

Use Classification: Flood repair (first floor) Permit Numbers _____
Name: J Thomas G Williams Building: _____
Address: 54 William Bethune Ct Electrical: _____
Insulation: _____
Plumbing: _____
Mechanical: _____
MFG Home: _____

Date: 4/2/19 Building Official: [Signature]

APR 18 2019 - 0037



