

HARNETT COUNTY CENTRAL PERMITTING
P.O. BOX 65
LILLINGTON, NC 27546
For Inspections Call: (910) 893-7525 Fax: (910) 893-2793
Bldg Insp scheduled before 2pm available next business day.

Page 3
Date 10/31/17

Application Number 17-50042298
Property Address 40 MODLIN CT
PARCEL NUMBER 07-0589- - -0102- -25-
Application description CP NEW RESIDENTIAL (SFD)
Subdivision Name J L STONE
Property Zoning RES/AGRI DIST - RA-30

Permit BLDG, MECH, ELEC, PLB, INSU PERMIT

Additional desc . . .
Phone Access Code . . . 1210327

Required Inspections

Seq	Phone Insp#	Insp Code	Description	Initials	Date
10-30	814	A814	ADDRESS CONFIRMATION	_____	___/___/___
10-999	309	P309	R*PLUMB UNDER SLAB	_____	___/___/___
10-999	205	E205	R*ELEC UNDER SLAB	_____	___/___/___
20-999	114	B114	R*BLDG MONO SLAB/TEMP SVC POLE	_____	___/___/___
20	104	B104	R*FOUND & SETBACK VERIF SURVEY	_____	___/___/___
30-50	129	I129	R*INSULATION INSPECTION	_____	___/___/___
30-60	425	R425	FOUR TRADE ROUGH IN	_____	___/___/___
30-60	125	R125	ONE TRADE ROUGH IN	_____	___/___/___
30-60	325	R325	THREE TRADE ROUGH IN	_____	___/___/___
30-60	225	R225	TWO TRADE ROUGH IN	_____	___/___/___
40-60	429	R429	FOUR TRADE FINAL	_____	___/___/___
40-60	131	R131	ONE TRADE FINAL	_____	___/___/___
40-60	329	R329	THREE TRADE FINAL	_____	___/___/___
40-60	229	R229	TWO TRADE FINAL	_____	___/___/___
40-60	209	E209	R*ELEC TEMP POWER CERT	_____	___/___/___
999		H824	ENVIR. OPERATIONS PERMIT	_____	___/___/___

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 Intersection
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Owner

MASTIN BAKER INVESTMENTS LLC
 PO BOX 181
 ERWIN NC 28339

Contractor

WJH LLC
 3300 BATTLEGROUND AVE
 STE 230
 GREENSBORO NC 27410
 (336) 282-3606

Applicant

WJH LLC #21
 3300 BATTLEGROUND AVE
 STE 230
 GREENSBORO NC 27410
 (919) 995-5654

--- Structure Information 000 000 40X50 3BDR 2BA MONO W/ GARAGE
 Flood Zone FLOOD ZONE X
 Other struct info # BEDROOMS 3000000.00
 PROPOSED USE SFD
 SEPTIC - EXISTING? NEW TANK
 WATER SUPPLY COUNTY

Permit BLDG, MECH, ELEC, PLB, INSU PERMIT
 Additional desc
 Phone Access Code 1210327
 Issue Date 10/31/17 Valuation 0
 Expiration Date 10/31/18

Special Notes and Comments

T/S: 09/19/2017 09:02 AM JBROCK ----
 COTTLESTONE #21
 210 S TAKE L ONTO S MAIN ST THEN R ONTO
 E FRONT ST
 XXX
 PERMIT INCLUDES BLDG, ELEC, MECH, PLUMB
 INSULATION AND LAND USE.
 XXX
 Work must conform and comply with the
 STATE BUILDING CODE and all other State

Harnett County Central Permitting
PO Box 65 Lillington NC 27546
910 893 7525 Fax 910 893 2793 www.harnett.org/permits

Each section below to be filled out by whomever performing work Must be owner or licensed contractor Address company name & phone must match

Application for Residential Building and Trades Permit

SCANNED

Owner's Name Wade Journey Homes Date 10/18/16
Site Address _____ Phone 336-686-9792
Directions to job site from Lillington Take NC HWY 210 South, Left on main St, destination on left

Subdivision OLDE Farm Lot 139
Description of Proposed Work New Home Construction # of Bedrooms 4
Heated SF 2045 Unheated SF 467 Finished Bonus Room? — Crawl Space — Slab

General Contractor Information

Wade Journey Homes
Building Contractor's Company Name
3300 Battleground Ave, Greensboro NC
Address
49262
License #

Telephone
Azolicoffer @ wadejourneyhomes.com
Email Address

Electrical Contractor Information

Description of Work _____ Service Size _____ Amps T-Pole — Yes — No
Freeman Electric
Electrical Contractor's Company Name
111 Trail One, Ste 200, Burlington NC
Address
License #

336-584-9090
Telephone
Email Address

Mechanical/HVAC Contractor Information

Description of Work _____
Comfort Air
Mechanical Contractor's Company Name
P.O. Box 527, Clemmons NC
Address
4218
License #

336-794-9730
Telephone
Email Address

Plumbing Contractor Information

Description of Work _____ # Baths 2.5
Barty Plumbing
Plumbing Contractor's Company Name
4538 Lower Lake Rd, Thomasville
Address
20809
License #

336-475-0921
Telephone
Email Address

Insulation Contractor Information

Builder Insulation
Insulation Contractor's Company Name & Address

Telephone

*NOTE General Contractor 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

May M. Carter
Signature of Owner/Contractor/Officer(s) of Corporation

10/31/2017
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

Company or Name Anthony Zillioffer

Sign w/Title May M. Carter

10/31/2017
Date

HARNETT COUNTY CASH RECEIPTS

*** CUSTOMER RECEIPT ***

Oper: LLUCAS Type: CP Drawer: 1
 Date: 10/31/17 53 Receipt no: 132147

Year	Number	Amount
2017	50042294	
45 COTTLE LAKE DR		
COATS, NC 27521		
B1	BP - PERMIT FEES	\$890.00
2017	50042295	
55 GILLIS CT		
COATS, NC 27521		
B1	BP - PERMIT FEES	\$890.00
2017	50042296	
50 GILLIS CT		
COATS, NC 27521		
B1	BP - PERMIT FEES	\$890.00
2017	50042297	
39 MODLIN CT		
COATS, NC 27521		
B1	BP - PERMIT FEES	\$1025.00
2017	50042298	
40 MODLIN CT		
COATS, NC 27521		
B1	BP - PERMIT FEES	\$890.00
2017	50042299	
78 VIC MCLEOD CT		
COATS, NC 27521		
B1	BP - PERMIT FEES	\$1025.00
210375	70979 WADE JURNEY HOMES	\$70.00
U4	UT-METER CHARGE	
210375	70979 WADE JURNEY HOMES	\$15.00
U8	UT-TRANSFER SET UP FEES	
210375	72141 WADE JURNEY HOMES	\$70.00
U4	UT-METER CHARGE	
210375	72141 WADE JURNEY HOMES	\$15.00
U8	UT-TRANSFER SET UP FEES	
210375	72139 WADE JURNEY HOMES	\$70.00
U4	UT-METER CHARGE	
210375	72139 WADE JURNEY HOMES	\$15.00
U8	UT-TRANSFER SET UP FEES	
210375	73840 WADE JURNEY HOMES	\$70.00
U4	UT-METER CHARGE	
210375	73840 WADE JURNEY HOMES	\$15.00
U8	UT-TRANSFER SET UP FEES	
210375	73845 WADE JURNEY HOMES	\$70.00
U4	UT-METER CHARGE	
210375	73845 WADE JURNEY HOMES	\$15.00
U8	UT-TRANSFER SET UP FEES	
210375	77220 WADE JURNEY HOMES	\$70.00
U4	UT-METER CHARGE	
210375	77220 WADE JURNEY HOMES	\$15.00
U8	UT-TRANSFER SET UP FEES	

WJH-LLC

Tender detail		
CK CHECK PAYMEN	6885	\$6120.00
Total tendered		\$6120.00
Total payment		\$6120.00

Trans date: 10/31/17 Time: 10:31:37

** THANK YOU FOR YOUR PAYMENT **

HARDETT COUNTY DEPT. OF HEALTH
DINING RECEIPT
Type of Service: _____
Receipt No: _____

Item Description: _____
Quantity: _____
Unit Price: _____
Total: \$30.00

Item Description: _____
Quantity: _____
Unit Price: _____
Total: \$30.00

Item Description: _____
Quantity: _____
Unit Price: _____
Total: \$30.00

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Quantity: _____
Unit Price: _____
Total: \$30.00

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Unit Price: _____
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