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 Application Number . . . . . 17-50042298
Property Address . . . . . 40 MODLIN CT Date 10/31/17

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 10-999 10-999 20-999 20 30-50 30-60 30-60 40-60 40-60 40-60 40-60	814 309 205 114 104 129 425 125 325 429 131 329 229 209	A814 P309 E205 B114 B104 I129 R425 R125 R325 R429 R131 R329 R229 E209	ADDRESS CONFIRMATION R*PLUMB UNDER SLAB R*ELEC UNDER SLAB R*BLDG MONO SLAB/TEMP SVC POLE R*FOUND & SETBACK VERIF SURVEY R*INSULATION INSPECTION FOUR TRADE ROUGH IN ONE TRADE ROUGH IN THREE TRADE ROUGH IN TWO TRADE ROUGH IN FOUR TRADE FINAL ONE TRADE FINAL THREE TRADE FINAL THREE TRADE FINAL TWO TRADE FINAL TWO TRADE FINAL TWO TRADE FINAL R*ELEC TEMP POWER CERT ENVIR. OPERATIONS PERMIT		
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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. Application Number . . . . . 17-50042298 Date 10/31/17 Intersection . . . . . . . Property Address . . . . . . 40 MODLIN CT
PARCEL NUMBER . . . 07-0589- - -0102- -25Application type description CP NEW RESIDENTIAL (SFD) Subdivision Name . . . . . J L STONE Property Zoning . . . . . RES/AGRI DIST - RA-30 Owner Contractor MASTIN BAKER INVESTMENTS LLC WJH LLC PO BOX 181 3300 BATTLEGROUND AVE ERWIN NC 28339 STE 230 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
PROPOSED USE 300000.00 SFD NEW TANK 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 . . . .
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 PERMIT INCLUDES BLDG, ELEC, MECH, PLUMB INSULATION AND LAND USE. Work must conform and comply with the STATE BUILDING CODE and all other State

HARNETT COUNTY CENTRAL PERMITTING

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

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

## Application for Residential Building and Trades Permit

4. 7	
Owners Name Wade Jurney Homes	Date [0]12/16
Site Address	Phone 336-686 9742
Directions to job site from Lillington Take HC HWYZLO	South, Left on main 5t,
destination un Left	
Subdivision CLDE Farm	Lot <u>139</u>
Description of Proposed Work HEW Home Construction	# of Bedrooms
Heated SF 2045 Unheated SF 467 Finished Bonus Room?	Crawl Space Slab
General Contractor Informati	ion
Wade Jorney Homes	
Building Contractor's Company Name	Telephone
3300 Battleground Ave, Greensboro MC	Azollicoffer & wede Juiney Home
Address	Email Address
49262	
License # Electrical Contractor Informat	tion
Description of Work Service Size	eAmps T-PoleYesNo
Freeman Electric	336-584-9090
Electrical Contractor's Company Name	Telephone
III Trail one, Ste 250; Burlington NC	
Address	Email Address
License #	ormation
Mechanical/HVAC Contractor Info	THIS IS IT
Description of Work	336-799-9730
Comfort Air	Telephone
Mechanical Contractor's Company Name	: eleptione
P.O BOX 527, Clemmons MC	Email Address
Address	PAGE 1 PAGE 17 TOWN WITH THE PAGE 18
4218 License #	
Plumbing Contractor Informa	ition
Description of Work	# Baths 2.5
	336-475 0921
Plumbing Contractor's Company Name	Telephone
4538 Lower Lake Pd, Thomasville	
Address	Email Address
Z0809	
Loopen #	
Insulation Contractor Informa	tton
Builder Insulation	Telephone
Insulation Contractor's Company Name & Address	releptione

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 Signature of Owner/Contractor/Officer(s) of Corporation Affidavit for Worker's Compensation N C G S 87-14 The undersigned applicant being the Officer/Agent of the Contractor or Owner General Contractor 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 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 Sign w/Title

HARNETT COUNTY CASH RE *** CUSTOMER RECEIPT Oper: LLUCAS Type: CP Date: 10/31/17 53 Receipt	***
Year Number 2017 53042294 45 COTTLE LAKE DR COATS, NC 27521 B1 BP - PERMIT FEES	Amount
2017 S0042295 55 GILLIS CT COATS, NC 27521	\$890.00
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WJH-LLC	15.00
Total payment \$61	20.00 20.00 20.00
Trans date: 10/31/17 Time: 10:	31:37

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