



Initial Application Date: 12/28/18

Application # BRES1812-0037

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) 893-2793 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: Stephen Wolfe Mailing Address: 3543 Johnston County Rd.  
City: Angier State: NC Zip: 27501 Contact No: 919-639-6496 Email: stephen.wolfe@gmail.com

APPLICANT: Clayton Homes Mailing Address: 3912 Fayetteville Rd.  
City: Raleigh State: NC Zip: 27603 Contact No: 919-772-5013 Email: r781@claytonhomes.com

CONTACT NAME APPLYING IN OFFICE: Maynard Wilkins, GM Phone # 919-772-5013  
ADDRESS: 3543 Johnston County Rd Phone # 919-423-6668  
12-4535-000  
DEED OR OTP: deed - 1981: 02137

**PROPOSED USE:**

- SFD: (Size \_\_\_ x \_\_\_) # Bedrooms: \_\_\_ # Baths: \_\_\_ Basement(w/w bath):  Garage:  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 2876) # Bedrooms 4 # Baths 2 Basement (w/w 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: 1 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.

Maynard Wilkins Signature of Owner or Owner's Agent 12/29/2018 Date  
Clayton Homes

**\*\*\*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**

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WOLFE



Harnett COUNTY NORTH CAROLINA

will have survey by week of Nov 12th

**\*\*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.**

strong roots • new growth

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Application # BRES1812-0037

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 information on license.

**Application for Residential Building and Trades Permit**

Owner's Name: Stephen Wolfe Date: \_\_\_\_\_  
Site Address: 3543 Johnston County Rd. Phone: 919-639-6496  
Subdivision: \_\_\_\_\_ Lot: \_\_\_\_\_  
Description of Proposed Work: modular SFD

**General Contractor Information**

JMB Services 919-669-7043  
Building Contractor's Company Name Telephone  
105 Aspen Cr Clayton NC 27520 r781@claytonhomes.com  
Address Email Address  
32512  
License #

**Electrical Contractor Information**

Description of Work wire home + well Service Size: 200 Amps T-Pole:  Yes  No  
Glenns Serv. Co. 919-779-0849  
Electrical Contractor's Company Name Telephone  
6005 Brack Penny Rd Raleigh NC 27603 r781@claytonhomes.com  
Address Email Address  
128104  
License #

**Mechanical/HVAC Contractor Information**

Description of Work heat pump installation  
Glenns Serv. Co.  
Mechanical Contractor's Company Name Telephone 919-669-0849  
6005 Brack Penny Rd. Raleigh NC r781@claytonhomes.com  
Address Email Address  
12327H3 27603  
License #

**Plumbing Contractor Information**

Description of Work Plumb to water + sewer # Baths 2  
Priority Plumbing Cont. 919-422-4935  
Plumbing Contractor's Company Name Telephone  
POB ox 264 r781@claytonhomes.com  
Address Email Address  
18550P  
License #

**Insulation Contractor Information**

Richard Young 919-937-8797  
Insulation Contractor's Company Name & Address Telephone  
149 Lin Tilley Rd. Durham NC 27712

\*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.**

*[Signature]*  
Signature of Owner/Contractor/Officer(s) of Corporation

Oct 29 2018  
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.

Sign w/Title: *[Signature]* *GM Clayton Homes (Raleigh)*    Date: 10/29/2018

WOLFE

# American Bankers Insurance Company of Florida

11222 Quail Roost Drive, Miami, FL 33157-6596

## GENERAL POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS,

Bond Number: LPM 0504810

That American Bankers Insurance Company of Florida, a corporation duly organized and existing under the laws of the State of Florida and having its Home Office in Miami, Dade County, Florida, does by these presents make, constitute, and appoint:

~~Andy Briner or Joseph S. Johnson or Tom Goulin~~

of Marville and State of Tennessee its true and lawful Attorney-in-Fact, with full power and authority for and on behalf of the Company as surety, to execute and deliver and affix the seal of the Company thereto, if a seal is required, on bonds, undertaking, recognizance, consents of surety, or other written obligations in the nature thereof, as follows,

~~ANY AND ALL BONDS - MAXIMUM PENALTY \$500,000.00~~

In witness whereof, American Bankers Insurance Company of Florida has caused these presents to be signed by its Chief Executive Officer, Operations Department of American Bankers Insurance Company of Florida, and its corporate seal to be hereto affixed this 28<sup>th</sup> day of November, AD., 2018.

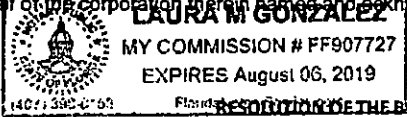
AMERICAN BANKERS INSURANCE COMPANY OF FLORIDA

Attest: Jeannie Aragon Cruz  
Secretary, American Bankers Insurance Company of Florida

By: Kathy A. McDonald  
Kathy McDonald, Chief Executive Officer of Global Specialty Business  
American Bankers Insurance Company of Florida

State of Florida  
County of Dade

On this 28<sup>th</sup> day of November, in the year 2018, before me Laura M. Gonzalez a notary public, personally appeared Jeannie Aragon-Cruz, personally known to me to be the person who executed the within instrument as Secretary of the Company and Kathy McDonald, personally known to me to be the person who executed the within instrument as Chief Executive Officer, Operations Department of American Bankers Insurance Company of Florida on behalf of the corporation therein named and acknowledged to me that the corporation executed it.



Laura M. Gonzalez  
NOTARY PUBLIC

~~RESOLUTION OF THE BOARD OF DIRECTORS OF AMERICAN BANKERS INSURANCE COMPANY OF FLORIDA~~

**WHEREAS**, it is necessary for the effectual transaction of business that the Company appoint agents and attorneys with power and authority to act for it and in its name in the states and territories of the United States, and additionally American Bankers Insurance Company of Florida in the provinces of the Dominion of Canada.

**RESOLVED**, that the American Bankers Insurance Company of Florida hereby does authorize and empower the Chief Executive Officer, Operations Department of American Bankers Insurance Company of Florida in conjunction with its Secretary or one of its Designated Signers, under its corporate seal to appoint any person or persons to act as its true and lawful attorney-in-fact, to execute and deliver any and all contracts, guaranteeing the fidelity of persons holding positions of public or private trust, guaranteeing the performances of contracts other than insurance policies and executing or guaranteeing bonds and undertakings, required or permitted to all actions or proceedings, or by law allowed; and

**FURTHER RESOLVED**, that the signature of any officer authorized by resolutions of the Board and the Company seal may be affixed by facsimile to any power of attorney or special power of attorney or certification of either given for the execution of any bond, undertaking, recognizance or other written obligation in the nature thereof, such signature and seal, when so used being hereby adopted by the Company as the original signature of such officer and the original seal of the Company, to be valid and binding upon the Company with the same force and effect as though manually affixed.

I certify the above is a true copy of a resolution adopted by unanimous consent by the Board of Directors of AMERICAN BANKERS INSURANCE COMPANY OF FLORIDA, on May 23rd, 2007.

Jeannie Aragon Cruz  
Secretary, American Bankers Insurance Company of Florida

I, the undersigned Secretary of American Bankers Insurance Company of Florida, hereby certify that the above and foregoing is a full, true and correct copy of the Original Power of Attorney issued by said Company, and do hereby further certify that the said Power of Attorney is still in force and effect.

And I do hereby further certify that the Certificate of this Power of Attorney is signed and sealed by facsimile under and by the authority of the resolution adopted by the Board of Directors of American Bankers Insurance Company of Florida by unanimous consent on the 23rd day of May, 2007, and that said resolution has not been amended or repealed.

Given under my hand and seal of said Company, this 28<sup>th</sup> day of November, 2018.

Jeannie Aragon Cruz  
Secretary, American Bankers Insurance Company of Florida

To Form and Be a  
Part of Bond Number LPM 0504810

~~PRINCIPAL~~

WOLFE

NORTH CAROLINA MODULAR BUILDING  
SET-UP CONTRACTOR LICENSE BOND

#LPM 0504810 Re: Wolfe

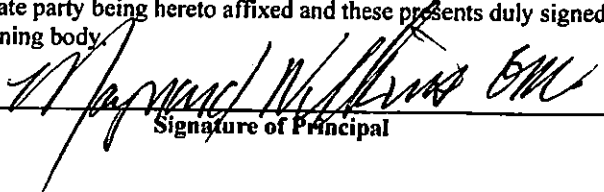
WE, CMH Homes, Inc., DBA: Clayton Homes #781 as principal, located at 3912 Fayetteville Rd, Raleigh, Nc 27603 and AMERICAN BANKERS INSURANCE COMPANY OF FLORIDA (surety) of 11222 Quail Roost Drive, Miami, FL 33157 (address) a corporation incorporated under the laws of the state of Florida and duly licensed to transact a surety business in the State of North Carolina as surety, are indebted and bound to the Harnett County (city or county inspection department) in the sum of Five Thousand and 00/100 (\$5,000.00) Dollars for which payment we bind ourselves and our legal representatives jointly and severally.

**THE CONDITION OF THIS OBLIGATION IS SUCH**, that whereas the principal has entered into a contract for the set-up and installation of the modular building described herein:

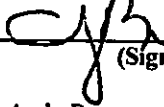
**NOW THEREFORE**, if the principal and all his agents and employees shall set-up and install said modular building in compliance with the regulations of the North Carolina State Building Code governing installation of modular buildings, then this obligation shall be null and void; otherwise, it shall be in full force and effect.  
It is expressly provided that:

1. This bond is executed by the said principal and surety to enable the principal to set-up one North Carolina labeled modular building.
2. This bond is in full force and effect as to the above State Building Code obligations of the principal for the set-up of one North Carolina labeled modular building at the following address:  
Street: 3543 Johnson County Road  
City: Angier, NC 27501
3. This bond will remain in full force and effect for **ONE YEAR** following the issuance of the certificate of compliance for the modular building.
4. The bond must remain on file with the Harnett County (city or county inspection dept.).
5. The owner of the modular building described in paragraph 2, who sustains any loss or damage by reason of any act or omission covered by this bond may, in addition to any other remedy that he may have, bring an action in his own name on this bond for the recovery of damages sustained by him.
6. It is further understood and agreed that this bond shall be open to successive claims up to the face value of the bond. The surety shall not be liable for successive claims in excess of the bond amount, regardless of the number of claims made against the bond.

In Witness Whereof, the above bounden parties have executed this instrument under their several seals, this the 19th day of December, 2018, the name and corporate seal of each corporate party being hereto affixed and these presents duly signed to be its undersigned representative, pursuant to authority of its governing body.

  
Signature of Principal

Title

Surety by   
(Signature)  
Andy Bruner  
(Print Name)

Title Attorney-In-Fact

Address 11222 Quail Roost Drive, Miami, FL, 33157

NC Resident Agent

Address

Power of Attorney Attached