* 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.	Hamett County Cen PO Box 65 Lillingto Telephone Number 910-893- Application for Building	n, NC 27546 7525 www.hamett.org		4598 UNILLIA
Owner's Name: Keisha	Steadman	mczntywoDate:	7117108	1.10.00
Address: 124 L1221	e Teter La	Phone	: <u>919-498-3</u>	3580 1
Directions to job site from Lilling	yton: 27 Huy 7	10 27/24 t	un 6 a) E
down past wate	r tower 'I'	272 Jete	r to the	. ()
Subdivision:		Lot:	1	
Construction Type: (Please Ch New Moved Hou Renovation Addition	Reside Other Modul	ar Mu	mmercial Iti-Family	
Total Project Cost: 124,000	Description of Proposed \	Work: On Fro	me ma	,ow\a√
Heated SF 230S Crawl Space	General Contracto	r intormation		
Unheated SF — Slab ()	() Building (Acres Dis	Construction Cost \$ _	Stories	,
Roven Rock MH ma		119-775-36		<i>y</i>
Building Contractor's Company	Name T	elephone		V
	IVIS Herry		<u>3400</u>	
Address	_		License #	
Signature of Owner/Contractor		Must sign back of form & w	nder com	
	Electrical Permit		On O	
Description of Work Elect			00.00	
TS Pole: Yes () No (/) Und Permanent Service: Undergroup	erground()` Överhead und() Överhead() S	3 () Service Size: <u>20 (</u>	Amps	/
Problem Str	*** 0	119-499-3	3338	,
Electrical Contractor's Compan	y Name T	elephone		
135 Sharpe	29		23262	<u>)</u>
Address			License #	
Bally Shares	<u></u>			
Signature of Officer(s) of Corpo	ration <u>Mechanical Permi</u>	t information		
Description of Work	UP Heater	7MP		
Number of Units	_ Type System Head Q			
110 000	>		99-175	J • • • • • • • • • • • • • • • • • • •
Mechanical Contractor's Comp		Telephone	23513	2
Address	and Rd	Marin 44 - 17 - 18 - 18 - 18 - 18 - 18 - 18 - 18	License #)
Musica (1)	\mathcal{L}		Eloonioo II	
Signature of Officer(s) of Corpo	ration			
	Plumbing Permit	<u>Information</u>	15.00	
Description of Work Number of Baths	1 Ob Demot	Plumbing Cost \$	lines	
Teffen Mcin		919-49	10-3580)
Plumbing Contractor's Compar		Telephone	8 2 2 2 2	4.5
20 Stovall	Teriace		Self	V
Address			License #	
	nluge			
Signature of Officer(s) of Corpo	ration/ rank Information/ Residen	tial () Other () No	t Required ()	
Insulation Fe	A TOSIGNA			
Insulation Contractor's Compa	y\Name & Address		Telephone	
7	Baan 1	40	•	1107

	Application #
	must fill out this portion system information
Sprinkler Contractor's Company Name Address	Contact & Telephone License #
Signature of Officer(s) of Corporation Fire Alarm 5	System Information
Fire Alarm Contractor's Company Name	Contact & Telephone
Address	License #
Signature of Officer(s) of Corporation <u>Driveway Access</u> - NC Department of Trans	sportation Driveway Access/Permit? Yes No

	Homeowners Applying to Build Their Own Home Please answer the following questions then see a Permit Technician to determine if you qualify for permit under Owners Exemption.
	Questionnaire per G.S. 87-14 Regulations as to Issue of Building Permits (Memo available upon request)
	Do you own the land on which this building will be constructed? yes no
	Have you hired or intend to hire an individual to superintend and manage construction of the project? yes no
	3. Do you intend to directly control & supervise construction activities? yes no
	4. Do you intend to schedule, contract, or directly pay for all phases of construction work to be done? yes no
	5. Do you intend to personally occupy the building for at least 12 consecutive months following completion of construction and do you understand that if you do not do so, it creates the presumption under law that you fraudulently secured the permit? yes no
	Sign & date
•	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 if any changes occur including listed contractors, site plan, 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. Signature of Owner/Contractor/Officer(s) of Corporation Date

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

The undersigned	applicant for Building Permit # being the:
	General Contractor
	Owner Officer/Agent of the Contractor or Owner
Do hereby confit the work set forth	rm under penalties of perjury that the person(s), firm(s) or corporation(s) performing and the permit:
	Has/have three (3) or more employees and has/have obtained workers' compensation insurance to cover them.
	Has/have one (1) or more subcontractors(s) and has/have obtained workers' compensation insurance to cover them.
	Has/have one (1) or more subcontractors(s) who has/have their own policy of workers' compensation insurance covering themselves.
	Has/have not more than two (2) employees and no subcontractors.
Department issuinsurance prior to	the project for which this permit is sought it is understood that the Central Permitting uing the permit may require certificates of coverage of worker's compensation o issuance of the permit and at any time during the permitted work from any person, on carrying out the work.
Firm Name:	poen Rock mit movers
Sign/Title:	SOPPHISON
Date:	1,1108
Bo	elety Duggs

NORTH CAROLINA MODULAR BUILDING

		SET-UP	CONTRACTOR LICENSE	BOND #	LSM0073443
		EJ Womack Enterr	orises Inc. DBA Raven Rock Mo	obile Home Mov	ers
as pri	ncipal, located at	25	516 Jefferson Davis Hwy. San	ford, NC 27332	N Pay 2007
and	RLI INSUI	ance Company 11 61612-3967	(surety) of(address) a cor	noration income	prated under the laws of the State of
	Illinois	and duly licensed to tra	insact a surety business in the	State of North U	arolina as surety, are indebted and
	tment) in the sum of		Five Thousand a	nd 00/100	(city or county inspection
\$	5,000.00) dollars t	or which payment we bir	Five Thousand a nd ourselves and our legal repr	esentatives joint	lly and severally.
TH nstall	E CONDITION OF THIS lation of the modular buil	OBLIGATION IS SUCH	I, that whereas the principal ha	s entered into a	contract for the set-up and
with t	he regulations of the Nor	e principal and all his age rth Carolina State Buildin e in full force and effect.	ents and employees shall set-u ng Code governing installation o	p and install said of modular buildi	d modular building in compliance ings, then this obligation shall be nu
t is e	xpressly provided that:				
1.	This bond is executed I building.	by the said principal and	surety to enable the principal to	set-up one No	rth Carolina labeled modular
2.	Carolina labeled modul	lar building at the following	ng address:		sipal for the set-up of one North
	City		724 Lizzie Jeter Ln. Cameron		, North Carolina
3.					te of compliance for the modular
4.	The bond must remain	on file with the	County of Harnett	(city or d	county inspection dept.).
5.	The owner of the modu covered by this bond m recovery of damages s	nay, in addition to any oth	paragraph 2, who sustains any ner remedy that he may have, b	rloss or damage oring an action in	e by reason of any act or omission In his own name on this bond for the
	shall not be liable for si	uccessive claims in exce	ess of the bond amount, regard	ess of the numb	face value of the bond. The surety per of claims made against the bond
day o	f July	,	executed this instrument under the name and corporate seal of	of each corporate	e party being hereto affixed and
lhese		177. 127. 177. 178. 179. 179. 179. 179. 179. 179. 179. 179			g body. . Raven Rock Mobile
		100 C C			
	5	The state of the s	1 1 5	Take.	mack
		F. APORAL . W.			e of Principal
		7: 00	1/2	and end	4
	ame File	": CRAL:	RLI Insurance Co	7 (C) /40-1	Title
			RLI Insurance Co	ompany	
		The Million of the		30/02	17
		SEAL	Surety by		(signature)
			'	liess	Stephens
					ed name)
			Title	Atto	rney In Fact
			Address		P.O. Box 3967 ia, IL 61612-3967
			SMA	XT	
			N.C. Resident Age	PO	Payne Insurance Service Box 1705
Powe	r of Altorney Altached		A STATE OF THE STA		d, NC 27330 ddress R3200507

R3200507-50,0



RLI Insurance Company
P.O. Box 3967 Peoria IL 61612-3967
Phone (200)602 1000 To 1000 T Phone: (309)692-1000 Fax: (309)683-1610

POWER OF ATTORNEY

RLI Insurance Company

Bond No. __LSM0073443__

Know All Men by These Presents:

That the	RLI Insurance Company	, a corporation organized a	and existing under the lav	ws of the State of
	rur '- and authorized and licens	ed to do business in all states and u	is District or Columbia a	wes nerve) means,
constitute	Lies Stephens	in the City of	Sanford	, State of
~ ~	Attempt In Fact	with full nower and authorn	ty nereby contented upos	if thith her to propert
	t to behalf as	: Surety in general, any and all bon	ds, undertakings, and re-	cognizances in an
amount	not to exceed Ten Million ar	d 00/100 Dollars	(\$10,000,000.00	J tot any single
obligatio	n, and specifically for the following described bo	nd.		
Principa	l: EJ Womack Enterprises Inc. DBA R	aven Rock Mobile Home Movers		
Obligee:	County of Harnett		Amountained and the second sec	, van
Type Bo	nd: Modular Building, Setup and Install	ation Contractor		angeleggeness y
Bond A	mount: _\$ _5,000.00		ликонородиция . Уницентрация д финансирация — Установ	
Effectiv	e Date: July 17, 2008		- Principal Amendment of the Control	
verif	RLI Insurance Company	further certifies that the f	following is a true and	exact copy of a
Danaluti	on adopted by the Board of Directors of	RLI Insurance Company	, and nov	w in force to-wit:
by suc Secret under	onds, policies, undertakings, Fowers of Atterate name of the Company by the President, he other officers as the Board of Directors may arry, or the Treasurer may appoint Attorney takings in the name of the Company. The takings, Powers of Attorney or other obligate seal may be printed by facsimile."	y authorize. The President, any vision Fact or Agents who shall ha	ve authority to issue b for the validity of any	onds, policies or bonds, policies,
D. 13/17	NESS WHEREOF, theRLI Ins	urance Company	has caused these presents	s to be executed by
its	Vice President with its corporate so	eal affixed this <u>17th</u> day of	July,200	8
ATTES	T: Walab. Dam S. Dohm Assistant Secretary	CORPORATE SEAL ROY C. Dig	е Сотрапу	Vice President
,	17th Jarraf Tuler 2009 hafora	me, a Notary Public, personally app	eared Roy	C. Die
On this	17th day of July , 2008 before Cynthia S. Dohm , who being	hy me duly sworn, acknowledged t	hat they signed the above	e Power of Attorne
as		and Assistant Secret	arv, resp	ectively, of the saw
	RLI Insurance Company	and, and acknowledged said inst	rument to be the volum	ary act and deed o
said co	rporation.			
Jacquel	ine M. Bockler Notary Pu	"OFFICIAL SEAL" PERGY JACQUELINE M. BOCKLER STATEOR COMMISSION EXPIRES 03/01/10		

Plan Box Number 5	_	LE
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Job Name STEADMAN

Date: 8-5-08

Required Inspections for SFA/SFD

Valuation \$ |31,69 Sq. Feet____

Sequence

10	Dr Dide Faction
	R* Bldg. Footing
10-30	R* Elec. Temp Service Pole
20	R* Building Foundation
20	Address Confirmation
30-999	Open Floor
30-999	R* Bldg. Slab Insp.
30-999	R* Elec. Under Slab
30-999	R*Plumb. Under Slab
40	Four Trade Rough In
40	Four Trade Rough In> 2500
10	Care Trade Rough In
40	Three Trade Rough In> 2500
40	Two Trade Rough In
40	Two Trade Rough In> 2500
40	One Trade Rough In
40	One Trade Rough In > 2500
50	R* Insulation
60	Four Trade Final
60	Four Trade Final > 2500
60	Three Trade Final
60	Three Trade Final > 2500
60	Two Trade Final
60	Two Trade Final > 2500
60	One Trade Final
60	
999	One Trade Final > 2500
777	Envir. Operations Permit