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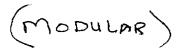
#### Harnett County Central Permitting PO Box 65 Lillington, NC 27546 Telephone Number 910-893-4759

**Application for Building and Trade Permit** Owner's Name: (\(\frac{1}{2}\)COO! Hicks Phone 919 842-6855 tewark Directions to job site: (40) Subdivision: Doroth Lot: Construction Type: (Please Check) Building Use: (Please Check) New Residential ✓ Modular Renovation Addition Commercial **Moved House Multi-Family** Other Description of Proposed Work: Total Project Cost: 85, UX **Building Permit Information** Building Construction Cost/\$ 65,000.00 Heated SF 1547 Crawl Space () Acres Disturbed \_ L Ol Unheated SF C Slab ( ) Stories toven Rock my movers <u>919-775-360</u> **Building Contractor's Company Name** Telephone 2516 Jeffersm Davis Address License # Signature of Officer(s) of Corporation **Electrical Permit Information** Description of Work Hook up Electrical Electrical Cost \$ 850.00 TS Pole: Yes () No () Underground () Overheard () Permanent Service: Underground () Service Size: Overhead () **Amps** <u>914-499-3</u> Bobbu Shacal Electrical Contractor's Company Name Telephone 735 Sharpe Rd 23262 Address License # Signature of Officer(s) of Corporation Mechanical Permit Information Description of Work Hook Hea △ Mechanical Cost \$3,000. (1) **Number of Units** Type System 119-499-175 Tim Shop Mechanical Contractor's Company Name Telephone <u>825</u> 3489 Folwards Address License # Signature of Officer(s) of Corporation Plumbing Permit Information <u> Sewe</u> water Description of Work 上しつん Number of Baths Plumbing Cost \$ 414-242-Gregoru Plumbing Contractor's Company Name Telephone Allamak Address License # Signature of Office (s) of Corporation Insulation Permit Information Residential () Other (A) Not/Required Address Telephone Insulation Contractor's Company Name

Page 1 of 3

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

The undersign	ned applicant for Building Permit # being the:
	Contractor
	Officer/Agent of the Contractor or Owner
	confirm under penalties of perjury that the person(s), firm(s) or corporation(s) is work set forth in the permit:
_1	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.
Permitting Decomposation	g on the project for which this permit is sought it is understood that the Central epartment issuing the permit may require certificates of coverage of worker's insurance prior to issuance of the permit and at any time during the permitted work on, firm or corporation carrying out the work.
Firm Name:	facen fock mit movers
By/Title:	obby Suggs / Supervisor
Date: 8	1-00



GREG. HICKS 8-1-0-6

Require	ed Inspections for SFA/SFD	Appl # Valuation Sq. Ft	<u>66500   528  </u> \$100,512 1547
Seq		Seq	
10	R*Bldg Footing	60	Two Trade Final > 2500
10-30	R*Elec Temp Service Pole	60	One Trade Final
20	R*Bldg Foundation	60	One Trade Final > 2500
20	Address Confirmation	999	Envir. Operations Permit
30-999	R*Open Floor	5 <sub>6</sub>	
30-999	R*Bidg Slab insp		
30-999	R*Elec Under Slab		
30-999	R*Plumb under Slab		
30-999	R*Bldg Water/Damp Proofing		
40	Four Trade Rough In		
40	Four Trade Rough In > 2500		
40	Three 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 Inspection		
60	Four Trade Final		
60	Four Trade Final > 2500		
60	Three Trade Final		
60	Three Trade Final > 2500		
60	Two Trade Final		

# E. J. WOMACK ENTERPRISES INC. DBA COUNTRY FAIR HOMES 2516 Jefferson Davis Highway SANFORD, NORTH CAROLINA 27330 (919) 775-3600 • 1-800-509-3600 • Fax: (919) 775-7533

ADDRESS 1 Allendate CANE 54	.Ki	777 <b>7</b> 07 885 5	DATE 7-21-66
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		2. LESS TOTAL CREDITS	\$
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Septic electrical, for	12/5	SALES TAX (If Not Included Above)	25000
Shw-WALL, steps, Bri		3. Unpaid Balance of Cash Sale Pric Dealer and Buyer certify that the a	
		described manufactured home; the op- accessories, the insurance as describe that Buyer's trade-in is free from all claim	d has been voluntary
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NORTH CAROLINA MODULAR BUILDING
SET-UP CONTRACTOR LICENSE BOND

OCA UIO U

	<u>. K515 410 4793</u>
State of North Carolina and bound to the	THE OBJECTION IS SHEET A TO THE STATE OF STREET OF STREE
installation of the modular building NOW, THEREPORE, I th	described herein;  The principal and all his agents and employees shall selve and install said modular building in compliance troubles.
Bits expressity provided that:  1. This bond is executed bulloing.	t by the sale principal and surery to enable the principal to eer-up one North Carolina labeled modular
Street Lo	co and effect at to the above State Building Code obligations of the principal for the set-up of one oddlar building of the lellowing address:  The State La.  Todding NC 27505, Neith Carolina In full force and effect for one year following the Issuance of the certificate of compliance for the
<ol> <li>The bond must rem</li> <li>The owner of the modernission covered by this to conditor the recovery of a first further understood</li> </ol>	ain on file with the
on Winess Whereon, the address of the state	the name and corporate seal of each corporate party being hereto attitud and these presents realitative, purposal to suthority of its governing body.
	President  Jille  And I I District the second of Principal Second to Principal Second
DE COMPANY OF THE PROPERTY OF	Surety by Michael Rhodes
A LAND COMPANY	Address Po Box 1705 (San Grd. NC
	Pa Box 1705, Sanford Nr 27331
	TO 100 x 1705, Santoid NC 27331

Power of Attorney Anached



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9925 North Lindbergh Dr. • Peoria, IL 61615 (309) 692-1000 or (800) 645-2402

## LICENSE AND PERMIT BOND

(For County, City, Town or Village Only)

Bond No. RSB- 804871

Know All Men By These Pres			2	
That we E. 3. Wompa	s Enterprised &	te of North Ca	<u>en kock Mob</u> rollaa	vile Home Mover as Principal,
and the RLI insurance Company , a			. ^	-
and the KB instrauce company , a	HACAR	$t \sim C_{\rm C}$	of 1 MOFT. 1 CANC	, as
Surety, are held and firmly bound t	into the <u>Harried</u>	alid only when a County, City, Tow	n or Village is named as Oblige	ee)
State of North Carclin	, Obligee, in penal s	um of Five thousen	0re than \$25,000) (\$_5,0	) DOLLARS.
lawful money of the United States. our legal representatives, jointly ar	to be paid to the said Obligee	e, for which payment wei	and truly to be made,	we bind ourselves and
THE CONDITION OF THE ABOVE	OBLIGATION IS SUCH, that	whereas, the said Princip	oal has been licensed a	s Mobile Home S
Setup	by the Obligee.			<b>υ</b> ρ,
NOW, THEREFORE, if the said Pri including all Amendments thereto, in full force and effect for a period o	pertaining to the license or I	permit applied for, then t	nis obligation to be voice	
day of Aug	, <u>2007</u> , unles	s renewed by Continuati	on Certificate.	
this bond is filed and to the Principal the mailing of said notice, or as soo and the Surety shall thereupon be	n thereafter as permitted by relieved from any liability for any of	applicable law, whichever any acts or omissions of	er is later, this bond sha the Principal subseque	all ipso facto terminate
	COMPA	ANY COPY	•	
Mail this copy to RLI Insurance Co have been signed by an officer of o		nd is issued. <b>Do not</b> attac	th your Power of Attorr	iey as these bonds
	underwr	ITING CRITERIA		
RLI may verify this information an	d obtain any additional infor	mation from other source	s.	
Applicant's Mailing Address <u></u>	516 Jeffer	con Davis	Hury So	mord. NC
Applicant's Social Security Numbe	56-145	4849		
If you believe the applicant has go may ussue the bond. Please refer t				ie work or service, you
		Payne I	iswance Se	MUES
<i>i</i>		413	7a Agency Name	
Millik	dw	PorBox 170	5, Santor J. N	c 273.3 <b>0</b>
Agent's Signature		<u> </u>	Mailing Address	1
Date () " / " () ()	1	<u>Sawtord</u>	<u> </u>	27330 Zip Code



RLI Surety A Division of RLI Insurance Company P.O. Box 3967 Peoria, IL 61612-3967 Phone: 309-692-1000 Fax: 309-692-8637

### **POWER OF ATTORNEY** (Irrevocable)

BOND NO. RSB4104743

A0060D05

Know All Men by These Presents:

Cherie L. Montgomery

3241372020208

Notaty Public

That this Power of Attorney is not valid or in effect unless attached to the bond which it authorizes executed, but may be detached by the approving officer if desired. That RLI Insurance Company, an Illinois corporation, does hereby make, constitute and appoint:

NORMAN C. PAYNE, IV, MICHAEL RHODES, J. HAROLD KELLY

An ORI	GINAL bond required by Statute, Decree of Court or Ordinance for:		AUTHORITY LIMIT
(A)	FIDUCIARY  ADMINISTRATOR'S, PERSONAL REPRESENTATIVE'S AND EXECUTOR'S  GUARDIAN'S, CONSERVATEE'S OR CONSERVATOR'S OF INCOMPETENT ADU BANKRUPTCY TRUSTEE'S OR RECEIVER'S TO LIQUIDATE, REFEREE'S TRUSTEE'S, AND COMMISSIONER'S TO SELL REAL ESTATE RECEIVER'S IN STATE COURT ONLY, TESTAMENTARY TRUSTEE'S GUARDIAN'S OR CONSERVATOR'S OF MINORS	LTS	= \$100,000 \$100,000 \$100,000 \$100,000 \$50,000 \$50,000
(B)		BONDS)	\$ 28,660
(C)	LICENSE AND PERMIT  COUNTY, CITY, TOWN, VILLAGE OR OTHER MUNICIPALITY AS OBLIGEE.  STATE AS OBLIGEE (Except the following bonds).  MOTOR VEHICLE DEFECTIVE TITLE.  INSURANCE BROKER (FOR OUR AGENTS AS APPLICANT).  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	**************************************	\$ 25,000 \$ 8 25,000 \$ 15,000 \$ 15,000
	UNITED STATES OF AMERICA OR OTHER BRANCH OF THE FEDERAL GOVE	RNMENT	- No Authority
(D)	CONTRACT OR PERFORMANCE OR LABOR AND MATERIAL OR SUB-DIVISION OF MAINTENANCE OR CONSTRUCTION BID BONDS.		= = - No Authority
(E)	PUBLIC OFFICIAL  NOTARY  ANY PUBLIC OFFICIAL AND DEPUTIES (Except Agents for Fish and Game License  ANY BOND OF INDEMNITY, PROVIDED THERE IS ATTACHED TO THIS POWER OF	ATTORNEY, WRITTEN	\$ 50,000 As
	AUTHORITY IN THE FORM OF AN ENDORSEMENT OR LETTER, SIGNED BY THE I SECRETARY, TREASURER OR ASSISTANT SECRETARY OF RLI Insurance CompanITS EXECUTION. FOR CONFIRMATION OF THE WRITTEN AUTHORITY, PLEASE CAT 800-645-2402, (309-692-1000 IN ILLINOIS).	y SPECIFICALLY AUTHORIZING	Determined By RLI Insurance Company
ATTOR The ack	authority Limit refers to the aggregate amount for any single obligation, regardle NEY does not authorize any <b>OPEN PENALTY BONDS OR UTILITY BONDS.</b> In which we have a subject of the said of the sai		•
in force Presider Presider name of signatur	urance Company further certifies that the following is a true and exact copy of a Re to-wit: "All bonds, policies, undertakings, Powers of Attorney or other obligations t, Secretary, any Assistant Secretary, Treasurer, or any Vice President, or by such t, Secretary, any Assistant Secretary, or the Treasurer may appoint Attorneys in Facthe Company. The corporate seal is not necessary for the validity of any bonds, police of any such officer and the corporate seal may be printed by facsimile."	of the corporation shall be executed in the corporate name of the other officers as the Board of Directors may authorize. The Pit or Agents who shall have authority to issue bonds, policies or upies, undertakings, Powers of Attorney or other obligations of the	a Company by the resident, any Vice indertakings in the corporation. The
IN WIT day of _	NESS WHEREOF, the said RLI Insurance Company has caused these presents to April 2006 April April ANCE COMPANY ANCE COMPANY ANCE COMPANY ANCE COMPANY AND APRIL AND APPIL AND APRIL AND APPIL AND APP	be executed by its Vice President with its corporate seal affixed t RLI Insurance Company	his13th
State of	SEAL	Roy C. Die  CERTIFICATE  I, the undersigned officer of RLI Insurance Company, a c State of Illinois, do hareby certify that the attached Power of	Vice President corporation of the
County On this	of Peoria  Ss  of Peoria  13th day of April 2006, before me, a Notary Public, lly appeared Roy C. Die, who being by me orm, acknowledged that he signed the above Power of Attorney as the aforesaid	force and effect and is irrevocable; and furthermore, that the Company as set forth in the Power of Attorney, is now in fowhereof, I have hereunto set my hand and the scal of the Company this * day of  RL1 Insurance Company	Resolution of the
officer	of the RLI Insurance Company and acknowledged said instrument to be the ry act and deed of said corporation.	By:	Vice Presiden
Charie	Montgomery  Notary Public  Montgomery  Notary Public	*IMPORTANT: This date must be filled in before it is attached to the limust be the same date as the bond.	