

* 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 #

0650015432

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

Owner's Name: Antonio Baker Date: _____

Site Address: Joe Collins Road Phone: 919-662-9999

Directions to job site from Lillington: Take 421 W, Take B on Joe Collins Rd, property on left.

Subdivision: _____ Lot: _____

Description of Proposed Work: residential home #Bedrooms: 3

Heated SF 1760 Unheated SF _____ Finished Rec Room? _____ Crawl Space () Slab ()

General Contractor Information

Palm Harbor Homes Inc 919-662-9999
Building Contractor's Company Name Telephone

5429 Fayetteville Rd Raleigh NC 27603 55053
Address License #

Manny Harris Must sign & fill out second page
Signature of Owner/Contractor/Officer(s) of Corporation

Electrical Permit Information

Description of Work permanet power Service Size: 200 Amps TPole: yes/ no

Glenn's Service Co. Inc 919-779-0849
Electrical Contractor's Company Name Telephone

6005 Brack Penny Rd Raleigh NC 27603 12810L
Address License #

Billy Glenn
Signature of Officer(s) of Corporation

Mechanical/HVAC Permit Information

Description of Work Install HVAC system

Glenn's Service Co. Inc 919-779-0849
Mechanical Contractor's Company Name Telephone

6005 Brack Penny Rd Raleigh NC 27603 12327H 3
Address License #

Billy Glenn
Signature of Officer(s) of Corporation

Plumbing Permit Information

Description of Work connect Plumbing line, run water line # Baths 2

Priority Plumbing 919-639-7200
Plumbing Contractor's Company Name Telephone

PO Box 264 Willow Springs NC 27592 18550P-1
Address License #

Steven Jefferson
Signature of Officer(s) of Corporation

Insulation Permit Information

Insulation Contractor's Company Name & Address Telephone

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)

1. Do you own the land on which this building will be constructed? ___ yes ___ no
2. 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

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, 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.

Mindy Higgins
Signature of Owner/Contractor/Officer(s) of Corporation

5-11-09
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: Palm Harbor Homes

Sign w/Title: *Mindy Higgins - office manager* Date: 5-11-09

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
7/30/2008

PRODUCER Phone: (972) 770-1600 Fax: (972) 770-1699
McQueary Henry Bowles Troy, LLP
12700 Park Central Drive
17th Floor
Dallas TX 75251-0470

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: Insurance Co of State of PA	19429
INSURER B: Mt. Hawley Insurance Co.	37974
INSURER C: Illinois National Ins. Co.	23817
INSURER D: National Union Fire Insurance	19445
INSURER E: Granite State Insurance Co.	23809

INSURED
Palm Harbor Homes, Inc.
15303 Dallas Parkway, Suite 800
Addison TX 75001

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES; AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
C		GENERAL LIABILITY	GL4572767	8/1/2008	8/1/2009	EACH OCCURRENCE \$1,000,000
C		<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR	GL4572766	8/1/2008	8/1/2009	DAMAGE TO RENTED PREMISES (Ea occurrence) \$N/A MED EXP (Any one person) \$N/A
		GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$10,000,000 PRODUCTS - COMP/OP AGG \$2,000,000
D		AUTOMOBILE LIABILITY	CA4576356 - AOS	8/1/2008	8/1/2009	COMBINED SINGLE LIMIT (Ea accident) \$2,000,000
E		<input checked="" type="checkbox"/> ANY AUTO	CA4576357 - VA	8/1/2008	8/1/2009	BODILY INJURY (Per person) \$
A		ALLOWED AUTOS	CA4576358 - OR	8/1/2008	8/1/2009	BODILY INJURY (Per accident) \$
		<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident) \$
		<input checked="" type="checkbox"/> HIRED AUTOS				AUTO ONLY - EA ACCIDENT \$
		<input checked="" type="checkbox"/> NON-OWNED AUTOS				OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
		GARAGE LIABILITY				EACH OCCURRENCE \$
		<input type="checkbox"/> ANY AUTO				AGGREGATE \$
		EXCESS/UMBRELLA LIABILITY				\$
		<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				\$
		<input type="checkbox"/> DEDUCTIBLE				\$
		<input type="checkbox"/> RETENTION \$				\$
D		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	WC4883755 - AOS	8/1/2008	8/1/2009	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
C		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	WC4883757 - FL	8/1/2008	8/1/2009	E.L. EACH ACCIDENT \$1,000,000
D			WC4883756 - CA	8/1/2008	8/1/2009	E.L. DISEASE - EA EMPLOYEE \$1,000,000
A		If yes, describe under SPECIAL PROVISIONS below	WC4883758	8/1/2008	8/1/2009	E.L. DISEASE - POLICY LIMIT \$1,000,000
B		OTHER Primary Indemnity - TX	MEI0003751	8/1/2008	8/1/2009	\$7,000,000 Per Person \$10,000,000 Per Occurrence \$10,000,000 Aggregate

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
GL: Insureds retained limit: \$100,000 per occurrence applicable to Manufacturing
Operation losses/\$25,000 per occurrence applicable to Retail Operation losses.

Supplemental Name
Palm Harbor Homes, Inc.
Palm Harbor Manufacturing, L.P.
Continued...

CERTIFICATE HOLDER

For Information Purposes Only
XXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXX XX XXXXX

CANCELLATION 30

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE



IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS / SPECIAL PROVISIONS

Palm Harbor Holding, Inc.
Palm Harbor GenPar, L.L.C.
Palm Harbor G.P., Inc.
Palm Haven Insurance Agency of Florida, Inc.
First Home Mortgage Corp.
Palm Harbor Insurance Agency of Tennessee, Inc.
Palm Harbor Finance Corp.
Palm Harbor Insurance Agency of Texas, Inc.
Palm Harbor Investments, Inc.
CountryPlace Acceptance GP, LLC
Standard Insurance Agency, Inc.
CountryPlace Acceptance LP, LLC
Palm Harbor Insurance Agency
CountryPlace Funding, Inc.
Palm Harbor Delaware, Inc.
Standard Casualty Company (Workers Comp and Umbrella only)
CountryPlace Securitization, LLC
Magic Living, Inc.
Country Place Holdings, LLC
Better Homes Systems, Inc.
CountryPlace Acceptance Corp
Palm Harbor Homes, Inc. Employee Savings Plan (Crime and Fiduciary Only)
CountryPlace Mortgage Ltd.
Palm Harbor Albemarle, LLC
CountryPlace II Mortgage, Ltd.
Nationwide Homes, Inc.
Palm Harbor Marketing, Inc.
Masterpiece Housing

PLAN BOX NUMBER FILE

JOB NAME Palm Harbor

DATE 5-11-09

REQUIRED INSPECTIONS FOR SFA/SFD

APPL. # 0650015432

VALUATION \$116,612

SQ. FEET 1794

SEQUENCE

10 <u>✓</u>	R* BLDG. FOOTING
10-30 <u> </u>	R* ELEC. TEMP SERVICE POLE
20 <u> </u>	R* BUILDING FOUNDATION
20 <u> </u>	ADDRESS CONFIRMATION
30-999 <u> </u>	OPEN FLOOR
30-999 <u> </u>	R* BLDG. SLAB INSP.
30-999 <u> </u>	R* ELEC. UNDER SLAB
30-999 <u> </u>	R* PLUMB. UNDER SLAB
40 <u> </u>	FOUR TRADE ROUGH IN
40 <u> </u>	FOUR TRADE ROUGH IN > 2500
40 <u> </u>	THREE TRADE ROUGH IN
40 <u> </u>	THREE TRADE ROUGH IN > 2500
40 <u> </u>	TWO TRADE ROUGH IN
40 <u> </u>	TWO TRADE ROUGH IN > 2500
40 <u>✓</u>	ONE TRADE ROUGH
40 <u> </u>	ONE TRADE ROUGH IN > 2500
50 <u> </u>	R* INSULATION
60 <u> </u>	FOUR TRADE FINAL
60 <u> </u>	FOUR TRADE FINAL > 2500
60 <u> </u>	THREE TRADE FINAL
60 <u> </u>	THREE TRADE TINAL > 2500
60 <u> </u>	TWO TRADE FINAL
60 <u> </u>	TWO TRADE FINAL > 2500
60 <u>✓</u>	ONE TRADE FINAL
60 <u> </u>	ONE TRADE FINAL > 2500
999 <u>✓</u>	ENVIRO. OPERATIONS PERMIT