

\* Each section below to be filled out by whomever performing work. Must be owner for licensed contractor. Address, company name & phone must match information on license.

Harnett County Central Permitting  
PO Box 65 Lillington, NC 27546  
Telephone Number 910-893-7525 www.harnett.org  
**Application for Building and Trade Permit**

Application # 01050015181

Owner's Name: HIGHLAND HOME BUILDERS  
Address: 80 RIDGE VIEW DR. CAMERON NC  
Directions to job site from Lillington: \_\_\_\_\_

Date: 9-21-06  
Phone: 9-499-2424

Subdivision: THE RIDGE AT STERWOOD FOREST Lot 5

Construction Type: (Please Check)  
 New  Moved House  Renovation  Addition  Other  
Building Use: (Please Check)  
 Residential  Commercial  Modular  Multi-Family

Total Project Cost: \$100,000 Description of Proposed Work: MOD OFF FRAME

Heated SF 2000 Crawl Space  Slab   
Unheated SF 0 Slab   
General Contractor Information  
Building Construction Cost \$ 5,000  
Acres Disturbed .25 Stories 1

MARK'S HOME SETS  
Building Contractor's Company Name 125B BRACK RD, CAMERON NC Telephone 499-2768  
Address 125B BRACK RD, CAMERON NC 28326 License # 3441 /9/22/06

Signature of Owner/Contractor/Officer(s) of Corporation - Must sign back of form & workers comp

Michael Ray Mark  
Description of Work CROSS-OVERS PANEL Electrical Cost \$ 3,000  
TS Pole: Yes  No  Underground  Overhead   
Permanent Service: Underground  Overhead  Service Size: 200 Amps

MID CAROLINA ELECTRIC  
Electrical Contractor's Company Name 117 JACKSON ST SANFORD, NC Telephone 9-353-1122  
Address 117 JACKSON ST SANFORD, NC License # 09310-LV /9/22/06  
Signature of Officer(s) of Corporation Walter Spivey

HEAT PUMP  
Description of Work HEAT PUMP Mechanical Cost \$ 4,000  
Number of Units 1 Type System 13 SEER

MAK'S HEATING & AIR  
Mechanical Contractor's Company Name 2684 DEEP RIVER RD SANFORD, NC Telephone 919-776-1410  
Address 2684 DEEP RIVER RD SANFORD, NC License # 09305 /9/22/06  
Signature of Officer(s) of Corporation Mark Spivey

MAW PLUMBING DROPS SVC. 10 HOUSE  
Description of Work MAW PLUMBING DROPS SVC. 10 HOUSE Plumbing Cost \$ 5,000  
Number of Baths 2

FIX-IT PLUMBING SERVICES  
Plumbing Contractor's Company Name PO Box 2416 SANFORD, NC Telephone 9-499-7622  
Address PO Box 2416 SANFORD, NC License # 15229 /9/22/06  
Signature of Officer(s) of Corporation Don Coggins

INSULATION PERMIT INFORMATION Residential  Other  Not Required

Insulation Contractor's Company Name & Address \_\_\_\_\_ Telephone \_\_\_\_\_

Application # \_\_\_\_\_

**Sprinkler System Information - Commercial**

Sprinkler Contractor's Company Name \_\_\_\_\_

Telephone \_\_\_\_\_

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

License # \_\_\_\_\_

Signature of Officer(s) of Corporation \_\_\_\_\_

**Fire Alarm System Information - Commercial**

Fire Alarm Contractor's Company Name \_\_\_\_\_

Telephone \_\_\_\_\_

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

License # \_\_\_\_\_

Signature of Officer(s) of Corporation \_\_\_\_\_

**Driveway Access**

NC Department of Transportation Driveway Access/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 Hammett 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 Hammett County Central Permitting Department of any and all changes.

Terri L. Cieri  
Signature of Owner/Contractor/Officer(s) of Corporation

9-21-06  
Date

Application # \_\_\_\_\_

**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 confirm under penalties of perjury that the person(s), firm(s) or corporation(s) performing the work set forth in 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.

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.

Firm Name: HIGHLAND HOME BUILDERS

Sign/Title: Jeri F. Cieri

Date: 9-21-06

NORTH CAROLINA MODULAR BUILDING  
SET-UP CONTRACTOR LICENSE BOND

# 3441

WE, MARKS MOBILE HOME SET-UP as principal, located at  
1258 BLACK RD. CAMERON NC 28326 and PENNSYLVANIA NATIONAL INS. (surety) of  
P.O. BOX 2361 HARRISBURG PA 17105 (address) a corporation incorporated under the laws of the  
State of PENNSYLVANIA and duly licensed to transact a surety business in the State of North Carolina as surety,  
are indebted and bound to the HARNETT (city or county inspection department) in the sum of  
five thousand (\$5,000) 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 105 SHERWOOD HILLS COURT  
City CAMERON, North Carolina
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 (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 22nd day  
of SEPTEMBER, 192016 the name and corporate seal of each corporate party being hereto affixed and these presents  
duly signed by its undersigned representative, pursuant to authority of its governing body.

Marshall Ray Mark  
Signature of Principal

OWNER  
Title

Surety by D. David Riddle  
(signature)

D. DAVID RIDDLE  
(printed name)

Title ATTORNEY-IN-FACT

Address P.O. BOX 3397 SANFORD NC 27331-3397

D. David Riddle Jr.  
N.C. Resident Agent

P.O. BOX 3397 Sanford NC 27331-3397  
Address

**PENNSYLVANIA NATIONAL MUTUAL CASUALTY INSURANCE COMPANY**  
Harrisburg, Pennsylvania

**POWER OF ATTORNEY**

Know All Men By these Presents, That PENNSYLVANIA NATIONAL MUTUAL CASUALTY INSURANCE COMPANY, a corporation of the Commonwealth of Pennsylvania, does hereby make, constitute and appoint BOYD O. CHILDRESS, D. DAVID RIDDLE, PATRICIA B. MCINNIS AND RONNIE E. LEMON, ALL OF SANFORD, NORTH CAROLINA (EACH)

its true and lawful Attorney(s)-in-Fact to make, execute, seal and deliver for and on its behalf as surety as its act and deed: ANY AND ALL BONDS AND UNDERTAKINGS PROVIDED THE AMOUNT OF NO ONE BOND OR UNDERTAKING EXCEEDS THE SUM OF TWO MILLION FIVE HUNDRED THOUSAND DOLLARS (\$2,500,000.00)-----

ALL POWER AND AUTHORITY HEREBY CONFERRED SHALL HEREBY EXPIRE AND TERMINATE WITHOUT NOTICE AT MIDNIGHT OF THE 31<sup>ST</sup> DAY OF AUGUST 2009, AS RESPECTS EXECUTION SUBSEQUENT THERETO.

And the execution of such bonds in pursuance of these presents shall be as binding upon said Company as fully and amply, to all intents and purposes, as if they had been duly executed and acknowledged by the regularly elected officers of the Company at its office in Harrisburg Pennsylvania, in their own proper persons.

This appointment is made by and under the authorization of a resolution adopted by the Board of Directors of the Company on October 24, 1973 at Harrisburg, Pennsylvania, which resolution is shown on the reverse side hereof and is now in full force and effect. In Witness Whereof: PENNSYLVANIA NATIONAL MUTUAL CASUALTY INSURANCE COMPANY has caused these presents to be signed and its corporate seal to be affixed on AUGUST 6, 2004

**PENNSYLVANIA NATIONAL MUTUAL CASUALTY INSURANCE COMPANY**



*Kenneth R. Shutts*

Kenneth R. Shutts, Executive Vice-President, Secretary & General Counsel

Commonwealth of Pennsylvania, County of Dauphin – ss:

On AUGUST 6, 2004, before me appeared Kenneth R. Shutts to me personally known, who being by me duly sworn, did say that he resides in the Commonwealth of Pennsylvania, that he is Executive Vice-President, Secretary & General Counsel of PENNSYLVANIA NATIONAL MUTUAL CASUALTY INSURANCE COMPANY, That he is the individual described in and who executed the preceding instrument, and that the seal affixed on said instrument is the corporate seal of said Company, and that said instrument was signed and sealed on behalf of said Company by authority and direction of said Company, and the said office acknowledged said instrument to be the free act and deed of said Company.



*Jacqueline A. Ellis*

Notary Public

Notarial Seal  
Jacqueline A. Ellis, Notary Public  
City Of Harrisburg, Dauphin County  
My Commission Expires Dec. 19, 2005

Commonwealth of Pennsylvania, County of Dauphin – ss:

Member, Pennsylvania Association of Notaries

I, Michael F. Greer, Vice President, Surety & Fidelity of the PENNSYLVANIA NATIONAL MUTUAL CASUALTY INSURANCE COMPANY, a corporation of the Commonwealth of Pennsylvania, do hereby certify that the above and foregoing is a true and correct copy of a Power of Attorney, executed by the said Company, which is still in full force and effect.

In Witness Whereof, I have hereunto set my hand and affixed the corporate seal of said Company on

*Michael F. Greer* 9-23-06  
Vice President, Surety & Fidelity

IMPORTANT NOTICE: This border must be RED in color. If it is not RED, this is not a certified copy. Telephone us at Area Code 717-255-6870. ►

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

**Application for Building and Trade Permit**

Owner's Name: HIGHLAND HOME BUILDERS Date: 1-4-07  
Address: 80 RIDGEVIEW DR. CAMERON Phone: 919-499-2424  
Directions to job site: 2A/27 W TO SHERWOOD HILLS CT. LEFT  
INTO SUBDIVISION

Subdivision: THE RIDGE @ SHERWOOD FOREST Lot: 5  
Construction Type: (Please Check) Building Use: (Please Check)  
 New  Residential  
 Renovation  Modular  
 Addition  Commercial  
 Moved House  Multi-Family  
 Other  
Description of Proposed Work: 8X16 DECK  
Total Project Cost: 2,000

**Building Permit Information**

Heated SF \_\_\_\_\_ Crawl Space ( ) Building Construction Cost \$ 2,000  
Unheated SF \_\_\_\_\_ Slab ( ) Acres Disturbed \_\_\_\_\_ Stories \_\_\_\_\_  
CLINTON HILL Telephone 919-352-0619  
Building Contractor's Company Name \_\_\_\_\_  
3121 Hillmore Gate Rd. Cameron NC PAVELEGE  
Address 29326 License # \_\_\_\_\_  
Clinton Hill  
Signature of Officer(s) of Corporation \_\_\_\_\_

**Electrical Permit Information**

Description of Work \_\_\_\_\_ Electrical Cost \$ \_\_\_\_\_  
TS Pole: Yes ( ) No ( ) Underground ( ) Overhead ( )  
Permanent Service: Underground ( ) Overhead ( ) Service Size: \_\_\_\_\_ Amps  
\_\_\_\_\_ Telephone \_\_\_\_\_  
Electrical Contractor's Company Name \_\_\_\_\_ License # \_\_\_\_\_  
Address \_\_\_\_\_  
Signature of Officer(s) of Corporation \_\_\_\_\_

**Mechanical Permit Information**

Description of Work \_\_\_\_\_ Mechanical Cost \$ \_\_\_\_\_  
Number of Units \_\_\_\_\_ Type System \_\_\_\_\_  
Mechanical Contractor's Company Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_ License # \_\_\_\_\_  
Signature of Officer(s) of Corporation \_\_\_\_\_

**Plumbing Permit Information**

Description of Work \_\_\_\_\_ Plumbing Cost \$ \_\_\_\_\_  
Number of Baths \_\_\_\_\_  
Plumbing Contractor's Company Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_ License # \_\_\_\_\_  
Signature of Officer(s) of Corporation \_\_\_\_\_

**Insulation Permit Information**

Residential ( ) Other ( ) Not Required ( )  
Insulation Contractor's Company Name \_\_\_\_\_ Address \_\_\_\_\_ Telephone \_\_\_\_\_

1/15/07 \* See Notes in direction screen in HTE. 00

Sprinkler System Information

Sprinkler Contractor's Company Name

Telephone

Contact Person

Address

License #

Signature of Officer(s) of Corporation

Fire Alarm System Information

Fire Alarm Contractor's Company Name

Telephone

Contact Person

Address

License #

Signature of Officer(s) of Corporation

Driveway Access

NC Department of Transportation Driveway Access/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 in the above contractors I certify it is my responsibility to notify the Harnett County Inspections Division of any changes.

Terrill L. Cieri  
Signature of Owner/Contractor/Officer(s) of Corporation

1-4-07  
Date

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

The undersigned applicant for Building Permit # \_\_\_\_\_ being the:

- \_\_\_\_\_ 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/have three (3) or more employees and has/have obtained workers' compensation insurance to cover them.
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- Has/have one (1) or more subcontractors(s) who has/have their own policy of workers' compensation insurance covering themselves.
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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.

Firm Name: HIGHLAND HOME BUILDERS

By/Title: TERRI CIERI / OWNER Terri L. Cieri

Date: 1-4-07



A=5 (MODULAR)

9-26-06  
JEFF GRAY

Required Inspections for SFA/SFD

Appl #  
Valuation  
Sq. Ft

0650015781  
\$107,919  
1661

Seg	Description	Seg	Description
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		
30-999	R*Bldg 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		