

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

Owner's Name: HIGHLAND HOME BUILDERS Date: 2-2-08
Address: 80 RIDGEVIEW DR. CAMERON NC Phone: 9-499-2424
Directions to job site from Lillington: _____

Subdivision: THE RIDGE AT SHERWOOD FOREST Lot 11

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

Total Project Cost: _____ Description of Proposed Work: _____

General Contractor Information
Heated SF 2,000 Crawl Space Building Construction Cost \$ 5,000
Unheated SF 0 Slab Acres Disturbed .25 Stories 1

MARK'S HOME SETS 499-2760
Building Contractor's Company Name Telephone
1250 BRACK RD, CAMERON NC 28326 3441
Address License #

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

Electrical Permit Information
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 9-353-1122
Electrical Contractor's Company Name Telephone
117 JACKSON ST SANFORD, NC 11702
Address License #

Walter Spivey
Signature of Officer(s) of Corporation

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

MACK'S HEATING & AIR 919-776-1410
Mechanical Contractor's Company Name Telephone
2684 DEEP RIVER RD SANFORD, NC 09325
Address License #

Mack Spivey
Signature of Officer(s) of Corporation

Plumbing Permit Information
Description of Work MAIN PLUMBING DROPS SVC. TO HOUSE
Number of Baths 2 Plumbing Cost \$ 5,000

FIX-IT PLUMBING SERVICES 9-499-7622
Plumbing Contractor's Company Name Telephone
PO BOX 2416 SANFORD, NC 15229
Address License #

Re Coggins
Signature of Officer(s) of Corporation

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 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.

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

3-2-07
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 L. Cieri

Date: 3/2/07

MODULAR

Plan Box Number A-4

Job Name HIGHLAND HOME BUILDERS

Date: 3-16-07

Required Inspections for SFA/SFD

Appl. # 0750017006
Valuation # 129,814
Sq. Feet 1998

Sequence

- | | | |
|--------|-------|-----------------------------|
| 10 | _____ | 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 |
| 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 |
| 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 | _____ | One Trade Final > 2500 |
| 999 | _____ | Envir. Operations Permit |

NORTH CAROLINA MODULAR BUILDING
SET-UP CONTRACTOR LICENSE BOND

5B-327609

WE, MARKS MOBILEHOME 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 236 SHERWOOD HILLS COURT LOT # 11
City JOHNSVILLE, 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 27th day
of FEB., 192007, 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.

Markus Rex Marks
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 27391

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

P.O. BOX 3397 SANFORD NC 27391-3397
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 31ST 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
Vice President, Surety & Fidelity

2.27.07

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. ▶