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

Application # 08-500 ZO1 81

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: DONIC Phone: 910-890-2839 Site Address: on dirt Rd across from 975 Directions to job site from Lillington: α TEM COYLIN bear () but access through fence 15 modular #Bedrooms: Description of Proposed Work: OF F Frame Finished Rec Room? Crawl Space () Slab () Heated SF Unheated SF **General Contractor Information** 919-775-3600 Kaven Rock MH Movers Building Contractor's Company Name Telephone 2516 JEFFERSON DONIS License # Address Must sign & fill out second page Signature of Owner/Compactor/Officer(s) of Corporation Electrical Permit Information Description of Work Hook up ElectricService Size: 200 Amps TPole: yes/no <u>919-499-3358</u> Electrical Contractor's Company Name Telephone 23262 735 Sharpe Address Signature of Officer(s) of Corporation Mechanical/HVAC Permit Information Description of Work Hook op Heat some 919-775-3400 Mechanical Contractor's Company Name Telephone 3489 Edwards Address Signature of Officer(s) of Corporation **Plumbing Permit Information** Description of Work Connect worter Seurer # Baths 90-890-(Tillette Plumbing Contractor's Company Name Telephone Selt Address License # Signature of Officer(s) of Corporation Insulation Permit Information

Telephone

Insulation Contractor's Company Name & Address

Application #	
,, <u> </u>	

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	
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	
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 <u>any</u> 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.	
Signature of Owner/Contractor/Officer(s) of Corporation Date	
Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the:	
Signature of Owner/Contractor/Office (s) of Corporation Date Affidavit for Worker's Compensation N.C.G.S. 87-14	
Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the:	
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	
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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.	
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RLI Insurance Company
P.O. Box 3967 Peoria IL 61612-3967
Phone: (309)692-1000 Fax: (309)683-1610

POWER OF ATTORNEY

RLI Insurance Company

Bond No. <u>LSM0065686</u>

Know All Men by These Presents:

│ [hat the	RLI Insura	nce Company	, a corporati	on organized and e	existing under the l	aws of the State of
Illino	ois, and	authorized and licensed	l to do business in a	ill states and the D	istrict of Columbia	does hereby make,
onstitute and ap	point:	Lisa Stephens	in the	City of	Sanford	, State of
		Attorney In Fact				
xecute, acknow	ledge and deliver fo	r and on its behalf as S	urety, in general, a	ny and all bonds, t	ındertakings, and r	ecognizances in an
mount not to	exceed	Ten Million and	00/100	Dollars (\$10,000,000.00	_) for any single
obligation, and s	pecifically for the fo	llowing described bond				
		erprises Inc. DBA Ray				
		tt				
Type Bond:	<u> Modular Buildin</u>	<u>g, Setup and Installati</u>	on Contractor			
Bond Amount:	_\$_5,000.00		**************************************			
Effective Date:	June 19, 2008			.		
The	RLI Insurance	Company	further certifi	es that the follow	ving is a true and	d exact copy of a
		Directors of				
<u> </u>	may be printed by					
ÍN WITNESS V	VHEREOF, the	RLI Insura	nce Company	has ca	used these present	s to be executed by
ATTEST:	President	with its corporate seal	ANCE ANCE	LI Insurance Con		<u>s. </u>
Cynthia S. Iphm	1000. Donn	Assistant Secretary	CINOIS THE ROLL ROLL ROLL ROLL ROLL ROLL ROLL ROL	by C. Die	/. 	Vice President
	day ofJune_ Cynthia S. Dohm Vice President RLI Insurance Co	and	me duly sworn, ack Ass	nowledged that the istant Secretary	ey signed the above , respe	C. Die Power of Attorney ectively, of the said ary act and deed or
said corporation				-		
Jacqueline M. Bo	angueline M ckler	. Bollec Notary Public	OFFIC PURICE STATEON COMMISSION	IAL SEAL." JE M. BOCKLER LEXPIRES 03/01/10		

NORTH CAROLINA MODULAR BUILDING

	SET-UP CONTRA	CTOR LICENSE BOND	#	LSM0065686
/ VЕ, .				
is pr	incipal, located at	on Davis Hwy. Sanford, NC 2	27332	2007
and _	RLI Insurance Company (st	urety) of	P.O. Box 3	3967
	Peoria, IL 61612-3967	(address) a corporation in	ncorporated u	inder the laws of the State o
<u> </u>	Illinois and duly licensed to transact a sur		orth Carolina	as surety, are indebted and
	d to the County of Ha	arnett		(city or county inspection
lepa	rtment) in the sum of	Five Thousand and 00/100	o jointly and	any a rally
! ;	5,000.00) dollars for which payment we bind ourselve	s and our legal representative	es jointly and	severally.
	E CONDITION OF THIS OBLIGATION IS SUCH, that when lation of the modular building described herein;	eas the principal has entered	into a contra	ct for the set-up and
vith t	DW, THEREFORE, if the principal and all his agents and enthe regulations of the North Carolina State Building Code goveral; otherwise, it shall be in full force and effect.	nployees shall set-up and inst verning installation of modular	all said modu buildings, th	llar building in compliance en this obligation shall be nu
∣ t∣is e	expressly provided that:			
1	This bond is executed by the said principal and surety to elbuilding.	nable the principal to set-up or	ne North Car	olina labeled modular
2	. This bond is in full force and effect as to the above State B Carolina labeled modular building at the following address:			
	StreetTim CityLillington	Cumin Na.		North Carolina
	City			, Horar Garonna
3	 This bond will remain in full force and effect for one year fo building. 	llowing the issuance of the ce	rtificate of co	mpliance for the modular
4	. The bond must remain on file with the Count	ty of Harnett (c	ity or county	inspection dept.).
5	. The owner of the modular building described in paragraph covered by this bond may, in addition to any other remedy recovery of damages sustained by him.	2, who sustains any loss or do that he may have, bring an ad	amage by rea ction in his ov	ason of any act or omission vn name on this bond for the
6	. It is further understood and agreed that his bond shall be o shall not be liable for successive claims in excess of the bo	pen to successive claims up t and amount, regardiess of the	o the face va number of cl	lue of the bond. The surety aims made against the bond
 n Wi	tness Whereof, the above bounden parties have executed the	nis instrument under their seve	eral seals, thi	s the19th
day c	of <u>June</u> , <u>2008</u> , the name a presents duly signed to be its undersigned representative,	and corporate seal of each cor	porate party	being hereto affixed and
hese	presents duly signed to be its undersigned representative,	oursuant to authority of its gov	erning body.	
		 EJ Womack Enjerprises Inc 	. DBA Raven	Rock Mobile
		Home Movers		\sim
			\ /	
ļ		Si	gnature of Prin	cipal
		$\sim docorrection$	$\sim +$	
İ		<u>Dreside</u>	$\frac{1}{1}$	
:			Title	
-				
1		RLI Insurance Company		
		7	HXIV	
	CO CONTRACTOR	Surety by		
		Surety by	(signa	iture)
İ	S. S. C.		, ,	•
			Lisa Stepher	ns
		,	(printed name	∍)
!		Title	Attorney In	Fact
1	The second of the second		P.O. Bo	× 2067
	W. KINO WILL	Address	Peoria, IL 6	
i F	THE WALLES	Audiess —	7	7
		JYYY	1	
!				
-		N.C. Resident Agent	<u>√ </u>	Payne Insurance Service
		<i>J'</i> _	PO Box 17	
Powe	er of Attorney Attached		Sanford, NC 2 Address	
			A001622	R320050

R3200507-50,0

Plan Box Number	Job Name Gilletto Date: 6-23-08
Required Inspections for	REA/RED *
Sequence	Appl. # <u>08-5002018/</u> Valuation <u>9/41833</u> Sq. Feet <u>2/83</u>
10 10-30 20 20 30-999 30-999 30-999 40 40 40 40 40 40 40 50 60 60 60	R* Bldg. Footing R* Elec. Temp Service Pole R* Building Foundation Address Confirmation Open Floor R* Bldg. Slab Insp. R* Elec. Under Slab R*Plumb. Under Slab Four Trade Rough In Four Trade Rough In Three Trade Rough In Three Trade Rough In Two Trade Rough In Two Trade Rough In One Trade Rough In One Trade Rough In One Trade Final Four Trade Final Four Trade Final Three Trade Final Three Trade Final Three Trade Final
60	Two Trade Final > 2500

One Trade Final

One Trade Final > 2500

Envir. Operations Permit