

\* 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 # 0850020840  
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: Paul Phillips Date: \_\_\_\_\_  
Site Address: 69 SPARKY LANE BROADWAY, NC 27505 Phone: 919-284-5206  
Directions to job site from Lillington: \_\_\_\_\_

Subdivision: \_\_\_\_\_ Lot: \_\_\_\_\_  
Description of Proposed Work: OA-FRAME MODULAR w/POREX Bedrooms: 3  
Heated SF 2062 Unheated SF 162 Finished Rec Room? NO Crawl Space ☒ Slab ( )

**General Contractor Information**

PARADISE HOMES OF JOHNSTON COUNTY 919-284-5206  
Building Contractor's Company Name OFN.C., INC. Telephone  
8087 NC 222 WEST KENLY NC 27542 5735  
Address License #

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

**Electrical Permit Information**

Description of Work INSTALL 200 AMP SERVICE Service Size: 200 AMP Amps TPole: yes ☒ no  
BUNN ELECTRICAL SERVICE 919-795-9585  
Electrical Contractor's Company Name Telephone  
4199 BRANTLEY RD. ZEBULON 27597 3074-L  
Address License #

[Signature]  
Signature of Officer(s) of Corporation

**Mechanical/HVAC Permit Information**

Description of Work INSTALL HEAT PUMP  
MOSELEY HVAC + REFRIGERATION (919) 333-9553  
Mechanical Contractor's Company Name Telephone  
515 BARRETTE LANE WENDELL 27591 28865  
Address License #

[Signature]  
Signature of Officer(s) of Corporation

**Plumbing Permit Information**

Description of Work ALL PLUMBING CONNECTIONS # Baths 2  
DONALD RANDOLPH WOOD (919) 218-7101  
Plumbing Contractor's Company Name Telephone  
14949 BUFFALO RD, CLAYTON, NC 27520 2288  
Address License #

[Signature]  
Signature of Officer(s) of Corporation

**Insulation Permit Information**

N/A  
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.

D. K. H.  
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:

\_\_\_\_ General Contractor    \_\_\_\_ Owner    X 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.

X 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: PARADISE HOMES

Sign w/Title: D. K. H. OWNER Date: \_\_\_\_\_

8/21/08

LICENSE OR PERMIT BOND

KNOW ALL BY THESE PRESENTS, That we, Paradise Homes of Johnston County of NC, Inc.

as Principal, of 8087 NC 222 West

(Street and Number)

Kenly

(City)

North Carolina

(State)

and the

Hartford Fire Insurance Company

a Connecticut

corporation, as Surety, are held and firmly bound unto

Harnett County Inspection Department, P.O. Box 65, Lillington, NC 27546

, as Obligee, in the sum of

Five Thousand

AND 00/100

Dollars (\$ 5,000

for which sum, well and truly to be paid, we bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

Sealed with our seals, and dated this 17th day of September, 2008

THE CONDITION OF THIS OBLIGATION IS SUCH, That WHEREAS, the Principal has been or is about to be granted a license or permit to do business as

Set up Modular @ 69 Sparky Lane, Broadway, NC 27505

by the Obligee.

NOW, THEREFORE, if the Principal well and truly comply with applicable local ordinances, and conduct business in conformity therewith, then this obligation to be void; otherwise to remain in full force and effect.

PROVIDED, HOWEVER:

1. This bond shall continue in force:

- ☒ Until September, 17th, 2009, or until the date of expiration of any Continuation Certificate executed by the Surety

OR

- ☐ Until canceled as herein provided.

2. This bond may be canceled by the Surety by the sending of notice in writing to the Obligee, stating when, not less than thirty days thereafter, liability hereunder shall terminate as to subsequent acts or omissions of the Principal.

Paradise Homes of Johnston County of NC, Inc.

Principal

Hartford Fire Insurance Company

By

Betty S. Strickland,

Attorney-in-Fact

# POWER OF ATTORNEY

Direct Inquiries/Claims to:

**THE HARTFORD**

**BOND, T-4**

P.O. BOX 2103, 690 ASYLUM AVENUE  
HARTFORD, CONNECTICUT 06115

call: 888-266-3488 or fax: 860-757-5835

Agency Code: 22 270514

KNOW ALL PERSONS BY THESE PRESENTS THAT:

- ☒ Hartford Fire Insurance Company, a corporation duly organized under the laws of the State of Connecticut  
☐ Hartford Casualty Insurance Company, a corporation duly organized under the laws of the State of Indiana  
☐ Hartford Accident and Indemnity Company, a corporation duly organized under the laws of the State of Connecticut  
☐ Hartford Underwriters Insurance Company, a corporation duly organized under the laws of the State of Connecticut  
☐ Twin City Fire Insurance Company, a corporation duly organized under the laws of the State of Indiana  
☐ Hartford Insurance Company of Illinois, a corporation duly organized under the laws of the State of Illinois  
☐ Hartford Insurance Company of the Midwest, a corporation duly organized under the laws of the State of Indiana  
☐ Hartford Insurance Company of the Southeast, a corporation duly organized under the laws of the State of Florida

having their home office in Hartford, Connecticut (hereinafter collectively referred to as the "Companies") do hereby make, constitute and appoint, **up to the amount of ONE MILLION DOLLARS (\$1,000,000.00) EACH**

JOHN N. HACKNEY, JR., DAVID W. SCULL, JOHN N. HACKNEY, III, THOMAS B. HACKNEY,  
BETTY S. STRICKLAND OF WILSON, NORTH CAROLINA

their true and lawful Attorney(s)-in-Fact, each in their separate capacity if more than one is named above, to sign its name as surety(ies) only as delineated above by ☒, and to execute, seal and acknowledge any and all bonds, undertakings, contracts and other written instruments in the nature thereof, on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

In Witness Whereof, and as authorized by a Resolution of the Board of Directors of the Companies on January 22, 2004, the Companies have caused these presents to be signed by its Assistant Vice President and its corporate seals to be hereto affixed, duly attested by its Assistant Secretary. Further, pursuant to Resolution of the Board of Directors of the Companies, the Companies hereby unambiguously affirm that they are and will be bound by any mechanically applied signatures applied to this Power of Attorney.



*Paul A. Bergenholtz*

Paul A. Bergenholtz, Assistant Secretary

*M. Ross Fisher*

M. Ross Fisher, Assistant Vice President

STATE OF CONNECTICUT

COUNTY OF HARTFORD

ss.

Hartford

On this 3<sup>rd</sup> day of March, 2008, before me personally came M. Ross Fisher, to me known, who being by me duly sworn, did depose and say: that he resides in the County of Hartford, State of Connecticut; that he is the Assistant Vice President of the Companies, the corporations described in and which executed the above instrument; that he knows the seals of the said corporations; that the seals affixed to the said instrument are such corporate seals; that they were so affixed by authority of the Boards of Directors of said corporations and that he signed his name thereto by like authority.



CERTIFICATE

*Scott E. Paseka*

Scott E. Paseka  
Notary Public

My Commission Expires October 31, 2012

I, the undersigned, Assistant Vice President of the Companies, DO HEREBY CERTIFY that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which is still in full force effective as of September 17, 2008  
Signed and sealed at the City of Hartford.



*Gary W. Stumper*

Gary W. Stumper, Assistant Vice President

**Producer Compensation Notice**



You can review and obtain information on The Hartford's  
producer compensation practices at [www.thehartford.com](http://www.thehartford.com)  
or at 1-800-592-5717.

OFF FRAME  
MODULAR

Plan Box Number D-6

Job Name PAUL PHILLIPS

Date: 9-24-08

Required Inspections for SFA/SFD

Appl. # 0850020840

Valuation 133,971

Sq. Feet 2062

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
10		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