

or licensed contractor. Address, company name & phone must match information on license.

Application # _____
Harnett County Central Permitting 09 500 21440
PO Box 65 Lillington, NC 27546
910-893-7525 Fax 910-893-2793 www.harnett.org/permits

Application for Residential Building and Trades Permit

SCANNED

3/23/09
DATE

Owner's Name: John A Denk Date: 3/17/09
Site Address: 368 Farley Rd Phone: 910-813-5382

Directions to job site from Lillington: take Hwy 27 W. go approx 26 miles
turn @ Farley Rd go to end of the road
Site @ (B)

Subdivision: _____ Lot: _____
Description of Proposed Work: OFF FRAME MODULAR #Bedrooms: 3
Heated SF _____ Unheated SF _____ Finished Rec Room? _____ Crawl Space () Slab ()

General Contractor Information

Raven Rock mH movers 919-775-3660
Building Contractor's Company Name Telephone
516 Jefferson Davis Hwy 3400
Address License #

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

Electrical Permit Information

Description of Work hook up electrical Service Size: 200 Amps TPole: yes/no
Bobby Sharpe 919-499-3888
Electrical Contractor's Company Name Telephone
135 Sharpe Rd 23262
Address License #

Bobby Sharpe
Signature of Officer(s) of Corporation

Mechanical/HVAC Permit Information

Description of Work Hook up Heatpump
Tin Shop 919-499-1757
Mechanical Contractor's Company Name Telephone
3489 Edwards Rd 23513
Address License #

Kevin Winkerson
Signature of Officer(s) of Corporation

Plumbing Permit Information

Description of Work water hook up # Baths 2
John Denk 910-813-5282
Plumbing Contractor's Company Name Telephone
439 West Wood Shopping Ct. SELF
Address License #

John Denk
Signature of Officer(s) of Corporation

Insulation Permit Information

AAA
Insulation Contractor's Company Name & Address Telephone

MAR 19 2009

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.

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 ___ 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: Raven Rock Mt Movers

Sign w/Title: Bobby Jiggs

Date: 3/17/09

**E. J. WOMACK ENTERPRISES INC.
DBA COUNTRY FAIR HOMES**

2516 Jefferson Davis Highway
SANFORD, NORTH CAROLINA 27330
(919) 775-3600 • 1-800-509-3600 • Fax: (919) 775-7533

| | | | |
|--|---------------------|---|--------------------------------|
| BUYER(S) John A. Dank | | PHONE 910 813 5382 | DATE 7-8-09 |
| ADDRESS 439 Woodrow Shopp Ct. FB 126 Fayette NC 28314 | | SALESPERSON ED Womack | |
| DELIVERY ADDRESS 368 Farley Rd. Cameron NC 28326 | | | |
| MAKE & MODEL Champion MOD 3286 | YEAR 2009 | BEDROOMS 3 | FLOOR SIZE 76 30' 80 |
| SERIAL NUMBER Special order | | COLOR NEW <input type="checkbox"/> USED | HITCH SIZE 32 |
| STOCK NUMBER | | KEY NUMBERS | |
| LOCATION | R-VALUE | THICKNESS | TYPE OF INSULATION |
| CEILING | | | |
| EXTERIOR | | | |
| FLOORS | | | |
| THIS INSULATION INFORMATION WAS FURNISHED BY THE MANUFACTURER AND IS DISCLOSED IN COMPLIANCE WITH THE FEDERAL TRADE COMMISSION RULE 16CRF, SECTION 460.16. | | | |
| OPTIONAL EQUIPMENT, LABOR AND ACCESSORIES | | BASE PRICE OF UNIT \$1480000 | |
| <p><i>Home to be built AS Spec to include Delivery Setup, Trim out, 4 Ton HWT pump, plumbing, Electric, water line</i></p> | | OPTIONAL EQUIPMENT | |
| | | SUB-TOTAL \$ | |
| | | SALES TAX | |
| | | NON-TAXABLE ITEMS | |
| | | VARIOUS FEES AND INSURANCE | |
| | | 1. CASH PURCHASE PRICE \$148000.00 | |
| | | TRADE-IN ALLOWANCE \$ | |
| | | LESS BAL. DUE on above \$ | |
| | | NET ALLOWANCE \$ | |
| | | CASH DOWN PAYMENT \$ | |
| CASH AS AGREED SEE REMARKS \$ | | | |
| 2. LESS TOTAL CREDITS \$ | | | |
| SUB-TOTAL \$ | | | |
| SALES TAX (If Not Included Above) | | | |
| 3. Unpaid Balance of Cash Sale Price \$148000.00 | | | |
| Dealer and Buyer certify that the additional terms and conditions printed on the other side of this contract are agreed to as a part of this agreement, the same as if printed above the signatures. Buyer is purchasing the above described manufactured home; the optional equipment and accessories, the insurance as described has been voluntary; that Buyer's trade-in is free from all claims whatsoever, except as noted. | | | |
| ESTIMATED RATE OF FINANCING _____ % | | | |
| NUMBER OF YEARS _____ | | | |
| ESTIMATED MONTHLY PAYMENTS \$ _____ | | | |
| THIS AGREEMENT CONTAINS THE ENTIRE UNDERSTANDING BETWEEN DEALER AND BUYER AND NO OTHER REPRESENTATION OR INDUCEMENT, VERBAL OR WRITTEN, HAS BEEN MADE WHICH IS NOT COVERED IN THIS CONTRACT. | | | |
| BUYER(S) ACKNOWLEDGE RECEIPT OF A COPY OF THIS ORDER AND THAT BUYER(S) HAVE READ AND UNDERSTAND THE BACK OF THIS AGREEMENT. | | | |
| I UNDERSTAND THAT I HAVE THE RIGHT TO CANCEL THIS PURCHASE BEFORE MIDNIGHT OF THE THIRD BUSINESS DAY AFTER THE DATE THAT I HAVE SIGNED THIS AGREEMENT. I UNDERSTAND THAT THIS CANCELLATION MUST BE IN WRITING. IF I CANCEL THE PURCHASE AFTER THE THREE DAY PERIOD, I UNDERSTAND THAT THE DEALER MAY NOT HAVE ANY OBLIGATION TO GIVE ME BACK ALL OF THE MONEY THAT I PAID THE DEALER. I UNDERSTAND ANY CHANGE TO THE TERMS OF THE PURCHASE AGREEMENT BY THE DEALER WILL CANCEL THIS AGREEMENT. | | | |
| REMARKS: | | SIGNED X <i>[Signature]</i> BUYER | |
| BALANCE CARRIED TO OPTIONAL EQUIPMENT \$ | | SOCIAL SECURITY NO. _____ | |
| NOTE: WARRANTY AND EXCLUSIONS AND LIMITATIONS OF DAMAGES ON THE REVERSE SIDE | | | |
| DESCRIPTION OF TRADE-IN | YEAR | SIZE | X |
| MAKE | MODEL | BEDROOMS | |
| TITLE NO. | SERIAL NO. | COLOR | |
| AMOUNT OWING TO WHOM | | | |
| ANY DEBT BUYER OWES ON TRADE-IN IS TO BE PAID BY <input type="checkbox"/> DEALER <input type="checkbox"/> BUYER | | | |
| E. J. WOMACK ENTERPRISES INC. DBA COUNTRY FAIR HOMES | | DEALER | |
| Not Valid Unless Signed and Accepted by an Officer of the Company or an Authorized Agent | | SIGNED X _____ BUYER | |
| By <i>[Signature]</i> | | SOCIAL SECURITY NO. _____ | |
| Approved _____ | | SIGNED X _____ BUYER | |
| | | SOCIAL SECURITY NO. _____ | |

Effective Date: March 20th, 2009

**NORTH CAROLINA MODULAR BUILDING
SET-UP CONTRACTOR LICENSE BOND**

15273997

WE, E.J. Womack Enterprises DBA Raven Rock Mobile Home Movers as principal,
located at sanford, NC
and WESTERN SURETY COMPANY
(surety) of 101 S. Phillips Avenue, Sioux Falls, South Dakota 57104-6703
(address) a corporation incorporated under the laws of the State of South Dakota
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.

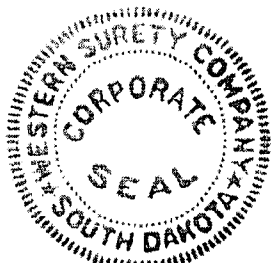
THE CONDITION OF THIS OBLIGATION IS SUCH, that whereas the principal has entered into a contract for the
set-up and installation of the modular building described herein;

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 368 Farley Rd
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
20th day of March, 2009, 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.



E.J. Womack
Signature of Principal

WESTERN SURETY COMPANY Title

Surety by Paul T. Brufat (signature)

Paul T. Brufat (printed name)

Title Senior Vice President

Address 101 S. Phillips Avenue
Sioux Falls, South Dakota 57104-6703

N.C. Resident Agent

Address

Power of Attorney Attached