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

22654

Application for Building and Trade Permit

Owner's Name: CHOO CHOO HOMES Date:
Address: 4209 BRAGG BLVD, FAYETTEVILLE NC 28303 Phone: 910 860 8787
Directions to job site: 27 WEST APPROX 10 MILES T/R MOUNT OLIVE CHURCH ROAD FOR 500 YARDS TO LOT ON RIGHT

Subdivision: Lot:

Construction Type: (Please Check)
✓ New
__ Renovation
__ Addition
__ Moved House
__ Other

Building Use: (Please Check)
✓ Residential
✓ Modular
__ Commercial
__ Multi-Family

Description of Proposed Work: SET UP OFF FRAME MODULAR HOME
Total Project Cost:

Building Permit Information

Heated SF 2026 Crawl Space (✓) Building Construction Cost $ 215,000
Unheated SF — Slab ( ) Acres Disturbed — Stories 1
CHOO CHOO HOMES 910 860 8787
Building Contractor's Company Name Telephone
4209 BRAGG BLVD FAYETTEVILLE 3532
Address License #
Signature of Officer(s) of Corporation

Electrical Permit Information

Description of Work ELECTRICAL HOOK UP Electrical Cost $ 800
TS Pole: Yes ( ) No ( ) Underground ( ) Overheard ( )
Permanent Service: Underground (✓) Overhead ( ) Service Size: 200 Amps
XAVIER POWER SYSTEMS 910 734 7813
Electrical Contractor's Company Name Telephone
PO BOX 234 ST PAULS NC 28384 23734-C
Address License #
Signature of Officer(s) of Corporation

Mechanical Permit Information

Description of Work INSTALL HEATING + AIR
Number of Units 1 Type System HEAT PUMP Mechanical Cost $ 5000
LEONARDS HEATING + AIR 910 551 5735
Mechanical Contractor's Company Name Telephone
7021 TREVOR LANE, FAYETTEVILLE H314684C-1
Address License #
Signature of Officer(s) of Corporation

Plumbing Permit Information

Description of Work Hook up to house septic + county water
Number of Baths 2 Plumbing Cost $ 1500
JACKIE'S PLUMBING 910 521 9052
Plumbing Contractor's Company Name Telephone
1619 PHILADELPHIA RD, PEMBROKE 28372 6735
Address License #
Signature of Officer(s) of Corporation

Insulation Permit Information

Residential (✓) Other ( ) Not Required ( )
SCHULT HOMES RICHFIELD NC 800 222 6478
Insulation Contractor's Company Name Address Telephone

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.

Signature of Owner/Contractor/Officer(s) of Corporation _____ Date 4-8-10

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.

_____ 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: CHOO CHOO HOMES

By/Title: COLIN WATSON / PROJECT MANAGER

Date: _____

IDMH-5

NORTH CAROLINA MODULAR BUILDING SET-UP CONTRACTOR LICENSE BOND

BOND NO. 6-57-90-94

WE **CROMARTIE ENTERPRISE, LLC.** as principal, located at **2775 U.S. Hwy 701 North Elizabethtown, NC 28337** and **GREAT AMERICAN INSURANCE COMPANY** (surety) of **580 WALNUT STREET CINCINNATI, OH 45202** (address) a corporation incorporated under the laws of the State of **OHIO** and duly licensed to transact a surety business in the State of North Carolina as surety, are indebted and bound to the **HARNETT COUNTY BUILDING INSPECTIONS** (city or county inspection department) in the sum of **FIVE THOUSAND ($5,000.00)** 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:

Name: **Raynor McMillian**
Street: **#2 Mount Olive Church Rd.**
City: **Lillington County**

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. This bond must remain on file with the **Harnett County Building Inspections** (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 make against the bond.

In Witness Whereof, the above bounden parties have executed this instrument under their several seals, this the **29th,** day of **March 2010,** 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.

Signature of Principal

President
Title

Surety By
(Signature)

William R. Jones, III
(printed name)

Title Attorney-in-fact
Address: 1235 Miccosukee Rd.
Tallahassee, FL 32308
Phone: 850-878-7195

Kimberly P. Saunders
N.C. Resident Agent

Arthur J. Gallagher Risk
Management
2101 Rexford Road Suite 236 E
Charlotte, NC 28211

GREAT AMERICAN INSURANCE COMPANY®

Administrative Office: 580 WALNUT STREET • CINCINNATI, OHIO 45202 • 513-369-5000 • FAX 513-723-2740

The number of persons authorized by
this power of attorney is not more than TWO

No. 0 18347

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That the GREAT AMERICAN INSURANCE COMPANY, a corporation organized and existing under and by virtue of the laws of the State of Ohio, does hereby nominate, constitute and appoint the person or persons named below, each individually if more than one is named, its true and lawful attorney-in-fact, for it and in its name, place and stead to execute on behalf of the said Company, as surety, any and all bonds, undertakings and contracts of suretyship, or other written obligations in the nature thereof; provided that the liability of the said Company on any such bond, undertaking or contract of suretyship executed under this authority shall not exceed the limit stated below.

Name	Address	Limit of Power
ANGIE JONES	BOTH OF	BOTH
WILLIAM R. JONES III	TALLAHASSEE, FLORIDA	$10,000,000

This Power of Attorney revokes all previous powers issued on behalf of the attorney(s)-in-fact named above.

IN WITNESS WHEREOF the GREAT AMERICAN INSURANCE COMPANY has caused these presents to be signed and attested by its appropriate officers and its corporate seal hereunto affixed this 2ND day of FEBRUARY , 2009

Attest GREAT AMERICAN INSURANCE COMPANY

Secretary

DAVID C. KITCHIN (513-412-4602)

STATE OF OHIO, COUNTY OF HAMILTON - ss:

On this 2ND day of FEBRUARY 2009 , before me personally appeared DAVID C. KITCHIN, to me known, being duly sworn, deposes and says that he resides in Cincinnati, Ohio, that he is a Divisional Senior Vice President of the Bond Division of Great American Insurance Company, the Company described in and which executed the above instrument; that he knows the seal of the said Company; that the seal affixed to the said instrument is such corporate seal; that it was so affixed by authority of his office under the By-Laws of said Company, and that he signed his name thereto by like authority.

This Power of Attorney is granted by authority of the following resolutions adopted by the Board of Directors of Great American Insurance Company by unanimous written consent dated June 9, 2008.

RESOLVED: That the Divisional President, the several Divisional Senior Vice Presidents, Divisional Vice Presidents and Divisonal Assistant Vice Presidents, or any one of them, be and hereby is authorized, from time to time, to appoint one or more Attorneys-in-Fact to execute on behalf of the Company, as surety, any and all bonds, undertakings and contracts of suretyship, or other written obligations in the nature thereof; to prescribe their respective duties and the respective limits of their authority; and to revoke any such appointment at any time.

RESOLVED FURTHER: That the Company seal and the signature of any of the aforesaid officers and any Secretary or Assistant Secretary of the Company may be affixed by facsimile to any power of attorney or certificate of either given for the execution of any bond, undertaking, contract of suretyship, or other written obligation in the nature thereof, such signature and seal when so used being hereby adopted by the Company as the original signature of such officer and the original seal of the Company, to be valid and binding upon the Company with the same force and effect as though manually affixed.

CERTIFICATION

I, STEPHEN C. BERAHA, Assistant Secretary of Great American Insurance Company, do hereby certify that the foregoing Power of Attorney and the Resolutions of the Board of Directors of June 9, 2008 have not been revoked and are now in full force and effect.

Signed and sealed this 29th day of March , 2010

Assistant Secretary

S1029Y (10/08)

Plan Box Number FILE

Job Name CHOO CHOO

Date: 04-08-10

Required Inspections for SFA/SFD

Appl. # 09-50022654
Valuation $153,463
Sq. Feet 2382

Sequence		
10	X	R* Bldg. Footing
10-30		R* Elec. Temp Service Pole
20	X	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	X	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	X	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	X	Envir. Operations Permit

7X36 Front Porch

Date 11-15-12

Plan Box # File

Job Name Choo Choo

App # 09500022654 Valuation 6575 SQ Feet 252

Inspections for SFD/SFA

Crawl_____ Slab_____ Mono_____

Footing	Footing	Plumbing Under Slab
Foundation	Foundation	Ele. Under Slab
Address	Address	Address
Open Floor	Slab	Mono Slab
Rough In	Rough In	Rough In
Insulation	Insulation	Insulation
Final	Final	Final

>2500_____ >2500_____ >2500_____

Foundation Survey_____ Envir. Health_____ Other_____

_____

Additions / Other

Footing_____

Foundation_____

Slab_____

Mono_____

Open Floor_____

Rough In_____

Insulation_____

Final_____