

09 500 22751

**Application for Building and Trade Permit**

Owner's Name: CHOO CHOO HOMES Date: 10-26-09  
Address: 192 MT OLIVE CHURCH ROAD Phone: 910 860 8787  
Directions to job site: HWY 27W FOR 7.3 MILES TURN ON MT OLIVE CHURCH ROAD (S/R 1245)  
FOR .2 MILE TO LOT ON RIGHT

Subdivision: \_\_\_\_\_ Lot: \_\_\_\_\_  
Construction Type: (Please Check) Building Use: (Please Check)  
 New  Residential  
 Renovation  Modular  
 Addition  Commercial  
 Moved House  Multi-Family  
 Other  
Description of Proposed Work: INSTALL ON-FRAME MODULAR HOME  
Total Project Cost: \$136,000

**Building Permit Information**

Heated SF 2077 Crawl Space ( ) Building Construction Cost \$ 136,000  
Unheated SF \_\_\_\_\_ Slab ( ) Acres Disturbed \_\_\_\_\_ Stories 1  
CHOO'S M.H. TRANSIT 910 860 8787  
Building Contractor's Company Name Telephone  
4209 BRAGG BLVD FAYETTEVILLE 3532 (BOND ATTACHED)  
Address License #  
[Signature]  
Signature of Officer(s) of Corporation

**Electrical Permit Information**

Description of Work ELECTRICAL HOOK UP Electrical Cost \$ 1200  
TS Pole: Yes ( ) No (X) Underground (X) Overhead ( )  
Permanent Service: Underground ( ) Overhead ( ) Service Size: \_\_\_\_\_ Amps  
XAVIER POWER 910 734 7813  
Electrical Contractor's Company Name Telephone  
PO BOX 234 ST PAULS NC 28384 23734-L  
Address License #  
[Signature]  
Signature of Officer(s) of Corporation

**Mechanical Permit Information**

Description of Work INSTALL HEAT PUMP  
Number of Units 1 Type System HEAT PUMP Mechanical Cost \$ 5000  
TRIANGLE HEATING + AIR 919 669 1264  
Mechanical Contractor's Company Name Telephone  
PO BOX 1400 COATS NC 27521 25537  
Address License #  
[Signature]  
Signature of Officer(s) of Corporation

**Plumbing Permit Information**

Description of Work PLUMBING HOOK UP  
Number of Baths 3 Plumbing Cost \$ 1800  
JACKIE'S PLUMBING 910 521 9052  
Plumbing Contractor's Company Name Telephone  
1619 PHILADELPHUS RD PEMBROKE NC 28372 6739  
Address License #  
[Signature]  
Signature of Officer(s) of Corporation

**Insulation Permit Information**

Residential (X) Other ( ) Not Required ( )  
CLAYTON HOMES RICHFIELD 800 849 4757  
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 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 Division of any and all changes.



\_\_\_\_\_  
Signature of Owner/Contractor/Officer(s) of Corporation

\_\_\_\_\_  
Date

10-26-09

**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: 10-26-09

IDMH-5

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

**BOND NO. 6-57-90-69**

**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:

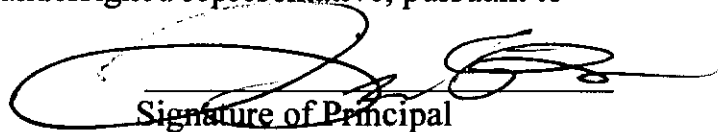
1. This bond is executed by the said principal and surety to enable the principal to set-up one North Carolina labeled modular building.
2. This bond is in full force and effect as to the above State Building Code obligations of the principal for the set-up of one North Carolina labeled modular building at the following address:

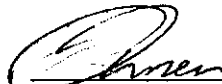
Street: 192 Mount Dive Church Rd.

City: Lillington, NC 27546

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 made against the bond.

In Witness Whereof, the above bounden parties have executed this instrument under their several seals, this the 3rd, day of September, 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.

  
Signature of Principal

  
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

STATE OF OHIO, COUNTY OF HAMILTON - ss:

DAVID C. KITCHIN (513-412-4602)

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 Divisional 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 3rd day of September, 2009

ON FRAME MODULAR

Plan Box Number FILE

Job Name GHOO GHOO Homes

Date: 10-27-09

Required Inspections for SFA/SFD

Appl. # 0956022751  
Valuation \$134,951  
Sq. Feet 2077

Sequence

10	<input checked="" type="checkbox"/>	R* Bldg. Footing
10-30	<input checked="" type="checkbox"/>	R* Elec. Temp Service Pole
20	<input checked="" type="checkbox"/>	R* Building Foundation
20	<input checked="" type="checkbox"/>	Address Confirmation
30-999	<input type="checkbox"/>	Open Floor
30-999	<input type="checkbox"/>	R* Bldg. Slab Insp.
30-999	<input type="checkbox"/>	R* Elec. Under Slab
30-999	<input type="checkbox"/>	R*Plumb. Under Slab
40	<input checked="" type="checkbox"/>	Four Trade Rough In
40	<input type="checkbox"/>	Four Trade Rough In > 2500
40	<input type="checkbox"/>	Three Trade Rough In
40	<input type="checkbox"/>	Three Trade Rough In > 2500
40	<input type="checkbox"/>	Two Trade Rough In
40	<input type="checkbox"/>	Two Trade Rough In > 2500
40	<input type="checkbox"/>	One Trade Rough In
40	<input type="checkbox"/>	One Trade Rough In > 2500
50	<input checked="" type="checkbox"/>	R* Insulation
60	<input checked="" type="checkbox"/>	Four Trade Final
60	<input type="checkbox"/>	Four Trade Final > 2500
60	<input type="checkbox"/>	Three Trade Final
60	<input type="checkbox"/>	Three Trade Final > 2500
60	<input type="checkbox"/>	Two Trade Final
60	<input type="checkbox"/>	Two Trade Final > 2500
60	<input type="checkbox"/>	One Trade Final
60	<input type="checkbox"/>	One Trade Final > 2500
999	<input checked="" type="checkbox"/>	Envir. Operations Permit