

Each section below to be filled out
by whomever performing work
Must be owner or licensed
contractor Address company
name & phone must match

Application # _____
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 CRYSTAL KING Date _____
Site Address _____ Phone 919-284-5206
Directions to job site from Lillington 401 TO HWY 42 TURN LEFT GO THEN
DUNCAN AND TURN LEFT ON WADE-STEPHENSON RD LOT
ON LEFT
Subdivision N/A Lot _____
Description of Proposed Work MODULAR HOME # of Bedrooms 3
Heated SF 1760 Unheated SF _____ Finished Bonus Room? NO Crawl Space Y Slab _____

General Contractor Information

PARADISE HOMES OF JOHNSTON Co. OF 919-284-5206
Building Contractor's Company Name NC INC. Telephone
8087 NC 222W KENLY, NC 27542 paradise_homes@nc.cc.com
Address Email Address
BOND 5735
License #

Electrical Contractor Information

Description of Work _____ Service Size 200 Amps T Pole _____ Yes ☒ No
BUNN ELECTRICAL SERVICE 919 269-5922
Electrical Contractor's Company Name Telephone
4199 BRANTLEY ROAD ZEBULON 27597 1-
Address Email Address
8074-L
License #

Mechanical/HVAC Contractor Information

Description of Work _____
RADFORD HEATING + AIR (919) 427-7463
Mechanical Contractor's Company Name Telephone
917 HOBBS STREET CLAYTON 27520
Address Email Address
22024
License #

Plumbing Contractor Information

Description of Work _____ # Baths 2
HENDERSON PLUMBING INC (919) 274-4854
Plumbing Contractor's Company Name Telephone
120 JUNIPER DRIVE CLAYTON 27520
Address Email Address
24867
License #

Insulation Contractor Information

Insulation Contractor's Company Name & Address _____ Telephone _____

***NOTE General Contractor must fill out and sign the second page of this application**

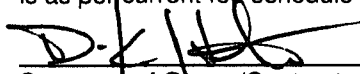
Homeowners Applying to Build Their Own Home

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 that **I affirm that I have obtained all listed contractors permission to obtain these permits** 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

5/11

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 PARADISE HOMES OF JOHNSTON COUNTY OF NC, INC

Sign w/Title D. K. H. Owner Date 5/11

Bond 22BSBGA0319

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 North Carolina and the
(City) (State)
Hartford Fire Insurance Company, a Connecticut corporation, as Surety, are held and firmly bound unto
Harnett County Inspection Department, PO 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

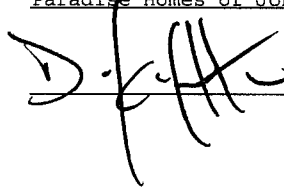
Sealed with our seals, and dated this 9th day of May, 2011
THE CONDITION OF THIS OBLIGATION IS SUCH, That WHEREAS, the Principal has been or is about to be
granted a license or permit to do business as
set up modular for Crystal King- TBD Wade Stevenson Rd Holly Springs NC 27540
by the Obligee

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 May 9th, 2012, 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

Betty Strickland Attorney-in-Fact

POWER OF ATTORNEY

Direct Inquiries/Claims to

THE HARTFORD

Bond T 4

One Hartford Plaza

Hartford Connecticut 06155

call 888 266 3488 or fax 860 757 5835)

KNOW ALL PERSONS BY THESE PRESENTS THAT

Agency Code 22 272886

- ☒ **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 UNLIMITED**

BETTY STRICKLAND DAVID W SCULL THOMAS B HACKNEY JOHN N HACKNEY III 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



Wesley W Cowling

Wesley W Cowling Assistant Secretary

M Ross Fisher

M Ross Fisher Assistant Vice President

STATE OF CONNECTICUT

COUNTY OF HARTFORD

SS

Hartford

On this 3rd 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 May 9 2011
Signed and sealed at the City of Hartford



Gary W Stumper

Gary W Stumper Assistant Vice President

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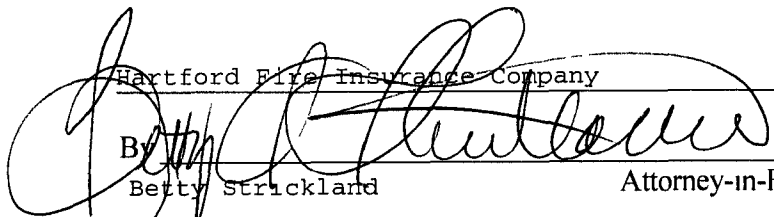
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Gary W Stumper

Gary W Stumper Assistant Vice President

Plan Box Number

File

Job Name

Paradise Homes

Date

5-18-11

Required Inspections for SFA/SFD

Appl # 1050023806

Valuation \$114,740

Sq Feet 1764

Sequence

10

10

10-30

20

20

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30-999

30-999

30-999

30-999

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R* Bldg Footing

R* Mono Slab

R* Elec Temp Service Pole

Foundation Survey

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 > 2500

Three Trade Rough In

Three Trade Rough In > 2500

Two Trade Rough In

Two Trade Rough In > 2500

One Trade Rough In

One Trade Rough In > 2500

R* Insulation

Four Trade Final

Four Trade Final > 2500

Three Trade Final

Three Trade Final > 2500

Two Trade Final

Two Trade Final > 2500

One Trade Final

One Trade Final > 2500

Envir Operations Permit

Slab

Mono

Crawl

On Frame X