\* 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.

ection below to be filled out by er performing work. Must be owner ed contractor. Address, company shone must match information on	Harnett County County County County County County 65 Lilling 910-893-7525 Fax 910-893-2 ication for Residential E	entral Permitting pton, NC 27546 793 www.hamett.org/pe		-3913	
	inger		ete:		
	clean chopel			302	
•	•			—	
Directions to job site from Lilling	·		8d 60		
	ickan Cha	pov Ch	G GC	s upprox	
5 miles lot	on (C)				
Subdivision:			ot:		
Description of Proposed Work:	-	modulax_#	#Bedrooms:	3	
Heated SF <u>230 S</u> Unheated	d SF Finished R General Contrac	ec Room? tor Information	Crawl S	pace (/) Slab ( )	
Howen Rock my Building Contractor's Company	Name	919-77 5 Telephone	-3400	<del></del>	
2516 Jezterson		rolophono	340	<b>x</b> 0	
Address	Teal D Lond		Licens	<del></del>	
Balily Jugas		Must sign & fill out s	second page		
Signature of Owner Contractor		it Information			
Description of Work Elec	Electrical Perm	e Size: 200 A	mps TPole: ye	s/no	
•	, , , ,	919- 499			
Bobby Sharp Electrical Contractor's Compan	ıy Name	Telephone	• • • • • • • • • • • • • • • • • • • •	<u></u>	
735 Shor 00 1	Rd		23	<u> 262</u> se#	
Address			Licens	se#	
Bally Shupe					
Signature of Officer(s) of Corpo	oration <b>Mechanical/HVAC I</b>	Permit Informatio	п		
Description of Work, Heat	OURO O HOOL	V UP	<del>-</del>		
Description of Work Treat	Purip (100 B	010-	499-17	157	
Mechanical Contractor's Comp	any Name	Telephon		<del></del>	
3489 Edum	IS PN	•	27	2513	
Address	<u>, , , , , , , , , , , , , , , , , , , </u>	# <del></del>	Licen	nse #	
Beam Illan	Kasa				
Signature of Officer(s) of Corpo	Śration	** * * * * * * * * * * * * * * * * * * *			
. /	/ Plumbing Pern	/ 1			
Description of Work wate	V/Jewer_	ttook up #	Baths	- 2	
John Finger		910- Telephor	<u>893-639</u>	<del>1</del> 2	
Plumbing Contractor's Compar	^1 / O I	relephor	Self		
Address	chapel Kd		Licer	 nse #	
John & Linearly					
Signature of Officer(s) of Corpo	ofation				
Insulation Permit Information					
	N1//	<u> </u>	<b>-</b> 1		
Insulation Contractor's Compa	ny <b>iy</b> latne/&/Address		Telephoi	ne	

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 <u>any</u> 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				
Signature of Owner/Contractor/Onicer(s) of Corporation Date				
Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the:				
Affidavit for Worker's Compensation N.C.G.S. 87-14				
Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the:				
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 cenfirm under penalties of perjury that the person(s), firm(s) or corporation(s) performing the work				
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:				
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 cenfirm 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				
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				
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 cerifirm 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.				
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 cenfirm 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				



RLI Insurance Company P.O. Box 3967 Peoria IL 61612-3967 Phone: (309)692-1000 Fax: (309)683-1610

# **POWER OF ATTORNEY**

## **RLI Insurance Company**

Bond No. <u>LSM0205239</u>

### Know All Men by These Presents:

		се Сотралу				
		authorized and licensed				
constitute and ap	point:	Norman C. Payne IV	in the Cit	y of	Sanford	, State of
		Attorney In Fact				
		and on its behalf as S				
amount not to	exceed	Ten Million and	00/100	_ Dollars (	\$10,000,000.00	_) for any single
obligation, and s	pecifically for the fol	lowing described bond				
		NTERPRISES DBA F				
Obligee:	County of Harnet	t				
Type Bond:	Modular Building	<u>, Setup and Installati</u>	on_Contractor			
Bond Amount:	\$ 5,000.00					
Effective Date:	May 7, 2010					<u></u>
The	RLI Insurance	Сотрапу	further certifies	that the follow	ving is a true and	d exact copy of a
		Directors of				
corporate seal	may be printed by					
IN WITNESS V	VHEREOF, the	RLLInsura	nce Company	nas ca	used these present	s to be executed by
ATTEST:	ib). Dam	with its corporate seal	SEAL SEAL	Insurance Con		<u>.</u>
Cynthia S. Dohm		Assistant Secretary	wanning.	C. Dige	D	Vice President
	Cynthia S. Dohm Vice President RLI Insurance Co	and	me duly sworn, acknov Assista	wledged that the ant Secretary	ey signed the above	C. Die Power of Attorney ectively, of the said ary act and deed of
Cherie L. Montgo	ie d'Montgom	Notary Public	"OFFICIAL "PORTE CHERIE L. MON STATEO" LINES COMMISSION EXPI			

# NORTH CAROLINA MODULAR BUILDING

		SI	ET-UP CONTRA	CTOR LICENS	E BOND	#	LSM0205239
νE,		EJ WOMACK EN	NTERPRISES DBA	RAVEN ROCK	MOBILE HO	ME MOVER	S
as princ	ipal, located at		2516 JEFFERSON	DAVIS HWY S	anford, NC 2	7330	
and	RLI Ins	urance Company	{su	rety) of	ornaration in	P.O. Box	under the laws of the State of
bound to			ed to transact a sur-	ety business in th	e State of No	orth Carolina	a as surety, are indebted and
			County of ria	Five Thousand	and 00/100		(city or county inspection
(\$	5,000.00 ) dollar	s for which paymen	t we bind ourselve:	s and our legal re	presentatives	s jointly and	severally.
		IS OBLIGATION IS uilding described he		eas the principal l	nas entered i	nto a contra	ct for the set-up and
with the	regulations of the N		Building Code gov				ular building in compliance en this obligation shall be nu
It is exp	ressly provided that	:					
	his bond is execute uilding.	d by the said princip	al and surety to en	able the principa	l to set-up on	e North Car	olina labeled modular
	arolina labeled mod	rce and effect as to Jular building at the	following address:			principal for	the set-up of one North
	City		LILLINGTON	1 W W ELE OF 10 110			, North Carolina
							empliance for the modular
4. T	he bond must rema	in on file with the	Count	y of Harnett	(cit	y or county	inspection dept.).
6. 11	ecovery of damages is further understoo hall not be liable for	od and agreed that h	nis bond shall be op in excess of the bo	pen to successive and amount, regar	e claims up to dless of the r	the face va number of c	alue of the bond. The surety laims made against the bond
day of	Mav	. 2010	, the name a	nd corporate sea	I of each corp	orate party	s the 7th being hereto affixed and
these pi	resents duly signed	to be its undersigne	d representative, p	oursuant to autho EJ WOMACK E MOBILE HOME	rity of its gove :NTERPRISE	eming body.	•
				5/	11/		
				<del></del>	Sig	nature of Prin	icipal
				/			
						PRESIDEN Title	<u>r</u>
						Tiuc	
				RLI Insurance	Company	///	
				Surety by		signer	ftúre)
						nan C. Payı (printed nam	
				Title	<del>, , .</del>	Attorney In	Fact
				Address		P.O. Bo Peoria, IL 6	
				17/1	200		
Da	f Attornov Attorn			N.C. Resident A		PO Box 17	
Power o	f Attorney Attached					Address	P320050

R3200507-50,0

Plan Box Number F.J.

Job Name Finger

Date: B-6-10

# Required Inspections for SFA/SFD

Appl. # 10-58623913 Valuation 149739 Sq. Feet 2305

# 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
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	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