

\* 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.

Application # 24693  
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: \_\_\_\_\_ Date: 7-19-10

Site Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Directions to job site from Lillington: 421 S / NC 87 S exit 69A  
(R) on 421 / NC 87 5 miles on NC 87

Subdivision: \_\_\_\_\_ Lot: \_\_\_\_\_

Description of Proposed Work: modular #Bedrooms: 3

Heated SF 2014 Unheated SF \_\_\_\_\_ Finished Rec Room? \_\_\_\_\_ Crawl Space  Slab

**General Contractor Information**

CLAYTON HONES (Raleigh) 919-772-5013

Building Contractor's Company Name \_\_\_\_\_ Telephone \_\_\_\_\_

3912 Fayetteville Rd Raleigh NC 27623 \_\_\_\_\_

Address \_\_\_\_\_ License # \_\_\_\_\_

BOND

Must sign & fill out second page

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

**Electrical Permit Information**

Description of Work electrical hkup Service Size: 200 Amps TPole: yes/no

Glenn's Service Co Inc. 919-779-0849

Electrical Contractor's Company Name \_\_\_\_\_ Telephone \_\_\_\_\_

6005 Brack Penny Rd Raleigh NC 27603 12810L

Address \_\_\_\_\_ License # \_\_\_\_\_

Billy Glenn

Signature of Officer(s) of Corporation \_\_\_\_\_

**Mechanical/HVAC Permit Information**

Description of Work Heat pump

Glenn's Service Co Inc 919-779-0849

Mechanical Contractor's Company Name \_\_\_\_\_ Telephone \_\_\_\_\_

6005 Brack Penny Rd Raleigh NC 27603 12327H3

Address \_\_\_\_\_ License # \_\_\_\_\_

Billy Glenn

Signature of Officer(s) of Corporation \_\_\_\_\_

**Plumbing Permit Information**

Description of Work Plumbing hkup # Baths 2

Priority Plumbing 919-422-4935

Plumbing Contractor's Company Name \_\_\_\_\_ Telephone \_\_\_\_\_

PO Box 264 Willow Springs NC 27592 1855U

Address \_\_\_\_\_ License # \_\_\_\_\_

Stephen

Signature of Officer(s) of Corporation \_\_\_\_\_

**Insulation Permit Information**

Insulation Contractor's Company Name & Address \_\_\_\_\_ Telephone \_\_\_\_\_

### 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.

*Margaret Williams*  
Signature of Owner/Contractor/Officer(s) of Corporation

*7/22/10*  
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: *Margaret Williams - Clayton Homes Raleigh*

Sign w/Title: *Margaret Williams SMT*

Date: *7/22/10*

NORTH CAROLINA MODULAR BUILDING  
SET-UP CONTRACTOR LICENSE BOND

#496788 Re: McAwley

WE, CMH Homes, Inc. Db: Clayton Homes #781 as principal, located at 3912 Fayetteville Rd, Raleigh, NC 27603 and American Bankers Insurance Company of Florida (surety) of 11222 Quail Roost Drive Miami, FL 33157(address) a corporation incorporated under the laws of the State of Florida and duly licensed to transact a surety business in the State of North Carolina as surety, are indebted and bound to the Harnett County (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: Love Grove Church Rd  
City: Sanford, NC 27330
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 County (city or county) Inspection Department.
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, this the 24<sup>th</sup> day of June 2010, the name and corporate seal of each corporate party being hereto affixed and these present duly signed by its undersigned representative, pursuant to authority of its governing body.

\_\_\_\_\_  
Signature of Principal

\_\_\_\_\_  
Title  
Surety by Andy Bruner  
(Signature)  
\_\_\_\_\_  
Andy Bruner  
(Print Name)  
Title Attorney-In- Fact

Address 11222 Quail Roost Dr., Miami, FL 33157

\_\_\_\_\_  
NC Resident Agent

\_\_\_\_\_  
Address

Power of Attorney Attached

**American Bankers Insurance Company of Florida  
American Reliable Insurance Company**

11222 Quail Roost Drive, Miami, FL 33157-6596

**GENERAL POWER OF ATTORNEY**

KNOW ALL MEN BY THESE PRESENTS,

**LPM 0496788**

That American Bankers Insurance Company of Florida, a corporation duly organized and existing under the laws of the State of Florida, and having its Home Office in Miami, Dade County, Florida, and that American Reliable Insurance Company, a corporation duly organized and existing under the laws of the State of Arizona, and having its Home Office in Scottsdale, Maricopa County, Arizona, does by these presents make, constitute, and appoint:

**\*\*\* Andy Bruner or Timothy R. Rhoades \*\*\***

of Maryville and State of Tennessee its true and lawful Attorney-in-Fact, with full power and authority for and on behalf of the Company as surety, to execute and deliver and affix the seal of the Company thereto, if a seal is required, on bonds, undertakings, recognizance, consents of surety, or other written obligations in the nature thereof, as follows

**\*\*\* ANY AND ALL BONDS - MAXIMUM PENALTY \$150,000.00 \*\*\***

"This Power of Attorney shall terminate and be of no further effect after December 31, 2011."

In witness whereof, American Bankers Insurance Company of Florida and American Reliable Insurance Company have caused these presents to be signed by its Senior Vice President, Processing Operations of American Bankers Insurance Company of Florida, and its corporate seal to be hereto affixed this 21st day of May, AD., 2010.

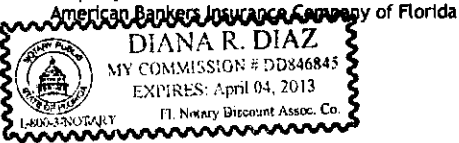
Attest.: Christina Chana  
Assistant Secretary, American Bankers Insurance Company of Florida



AMERICAN BANKERS INSURANCE COMPANY OF FLORIDA

by: Kathy McDonald  
Kathy McDonald, Senior Vice President  
Property Solutions Business  
American Bankers Insurance Company of Florida

Attest.: Christina Chana  
Secretary, American Reliable Insurance Company



State of Florida  
SS:  
County of Dade

On this 21st day of May, in the year 2010, before me Diana R. Diaz a notary public, personally appeared Kathy McDonald, personally known to me to be the person who executed the within instrument as Senior Vice President, Processing Operations of American Bankers Insurance Company of Florida on behalf of the corporation therein named and acknowledged to me that the corporation executed it.

Diana R. Diaz  
NOTARY PUBLIC

**RESOLUTION OF THE BOARD OF DIRECTORS OF AMERICAN BANKERS INSURANCE COMPANY OF FLORIDA AND AMERICAN RELIABLE INSURANCE COMPANY**

WHEREAS, it is necessary for the effectual transaction of business that the Company appoint agents and attorneys with power and authority to act for it and in its name in the states and territories of the United States, and additionally American Bankers Insurance Company of Florida in the provinces of the Dominion of Canada.

RESOLVED, that the American Bankers Insurance Company of Florida and American Reliable Insurance Company hereby does authorize and empower the Senior Vice President, Operations of American Bankers Insurance Company in Florida in conjunction with its Secretary or one of its Designated Signers, under its corporate seal, to appoint any person or persons to act as its true and lawful attorney-in-fact, to execute and deliver any and all contracts, guaranteeing the fidelity of persons holding positions of public or private trust, guaranteeing the performances of contracts other than insurance policies and executing or guaranteeing bonds and undertakings, required or permitted to all actions or proceedings, or by law allowed; and

FURTHER RESOLVED, that the signature of any officer authorized by resolutions of the Board and the Company seal may be affixed by facsimile to any power of attorney or special power of attorney or certification of either given for the execution of any bond, undertaking, recognizance 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.

I certify the above is a true copy of a resolution adopted by unanimous consent by the Board of Directors of and AMERICAN RELIABLE INSURANCE COMPANY, on July 29, 1993.

AMERICAN BANKERS INSURANCE COMPANY OF FLORIDA

Christina Chana  
SECRETARY, American Reliable Insurance Company

Christina Chana  
ASSISTANT SECRETARY, American Bankers Insurance Company of Florida

I, the undersigned Secretary of American Bankers Insurance Company of Florida, and I, the undersigned Secretary of American Reliable Insurance Company, hereby certify that the above and foregoing is a full, true and correct copy of the Original Power of Attorney issued by said Company, and do hereby further certify that the said Power of Attorney is still in force and effect.

And I do hereby further certify that the Certificate of this Power of Attorney is signed and sealed by facsimile under and by the authority of the resolution adopted by the Board of Directors of the American Bankers Insurance Company of Florida and the Board of Directors of American Reliable Insurance Company by unanimous consent on the 29th day of July, 1993, and that said resolution has not been amended or repealed.

Given under my hand and the seal of said Company, this 21st day of May, 2010.

Christina Chana  
SECRETARY, American Reliable Insurance Company

Christina Chana  
ASSISTANT SECRETARY, American Bankers Insurance Company of Florida

To Form and Be A  
Part of Bond Number LPM 0496788

PRINCIPAL NAME: CMH Homes, Inc., Dba: Clayton Homes #781  
June 24, 2010

ON FRAME MOD.

Plan Box Number File.

Job Name Ingrid

Date: 7-26-10

Required Inspections for SFA/SFD

Appl. # 10-50024693  
Valuation \$131,632  
Sq. Feet 2026

Sequence

10	<input checked="" type="checkbox"/>	R* Bldg. Footing
10-30	<input type="checkbox"/>	R* Elec. Temp Service Pole
20	<input type="checkbox"/>	R* Building Foundation
20	<input 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 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 type="checkbox"/>	Envir. Operations Permit