

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

Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
910-893-7525 Fax 910-893-2793 www.harnett.org/permits

Application # 25774

Application for Residential Building and Trades Permit

Owner's Name: RUSSELL GILCHRIST Date: _____
Site Address: 21037 HWY 24/25, CAMERON NC 28326 Phone: (910) 528-0414
Directions to job site from Lillington: TAKE HWY 27 OUT OF LILLINGTON RIGHT ONTO HWY 24/25 LOT ON LEFT

Subdivision: N/A Lot: _____
Description of Proposed Work: MODULAR HOME INSTALLATION # of Bedrooms: 4
Heated SF: 2305 Unheated SF: - Finished Bonus Room? - Crawl Space: X Slab: _____

General Contractor Information

ADVANTAGE PLUS HOUSING (910) 692-3334
Building Contractor's Company Name Telephone
5395 US1 HWY, VASS, NC 28394 APLUSHOUSING@YAHOO.COM
Address Email Address
[Signature] License #

Electrical Contractor Information

Description of Work INSTALL METER BASE Service Size: 200 Amps T-Pole: Yes No
TRIPLE "A" ELECTRIC (919) 498-2624
Electrical Contractor's Company Name Telephone
P.O. BOX 494, LEMON SPRINGS NC 28355 Email Address
Address 25128
[Signature] License #

Mechanical/HVAC Contractor Information

Description of Work HEAT PUMP INSTALLATION
CAROLINA AIR (910) 585-2425
Mechanical Contractor's Company Name Telephone
370 JAMES H RD, CAMERON NC 28326 Email Address
Address [Signature] License #

Plumbing Contractor Information

Description of Work DROPS AND CONNECTIONS # Baths 4
MCDONALD PLUMBING, NIEL MCDONALD (919) 498-0512
Plumbing Contractor's Company Name Telephone
5321 SWANSON STATION RD, SANFORD NC 27530 LCOMER442@AOL
Address Email Address
[Signature] License # 11824

Insulation Contractor Information

N/A N/A
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 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.

Mel R Burtfield
Signature of Owner/Contractor/Officer(s) of Corporation

12/15/2010
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: ADVANTAGE PLUS HOUSING

Sign w/Title: Mel R Burtfield / Sales Manager Date: 12/15/2010

NORTH CAROLINA MODULAR BUILDING
SET-UP CONTRACTOR LICENSE BOND

B 1090294

WE, **Advantage Plus Housing** as principal, located at
5395 US 1 Hwy. **Vass** **NC** and **Selective Insurance Company of America** (surety)

of **40 Wantage Avenue Branchville, NJ 07890** (address) a corporation incorporated under the laws of the
State of **New Jersey** and duly licensed to transact a surety business in the State of North Carolina as surety,
are indebted and bound to the **Harnett County, Dept. of Planning and Inspec** (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 **21037 Hwy. 24/27**
City **Cameron**, North Carolina
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, Dept. of Planning and I.** (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 **6th** day of
October, **2010**, the name and corporate seal of each corporate party being hereto affixed and these presents duly signed to be its
undersigned representative, pursuant to authority of its governing body

Lumberly S. Halliwell
Signature of Principal

owner
Surety by *Bonnie B. Higgins* (signature)

Selective Insurance Company of America
(printed name)

Title **Bonnie B. Higgins**, Attorney-in-Fact

Address **40 Wantage Avenue Branchville, NJ 07890**

STANTON TAYLOR AGENCY, INC.
N.C. Resident Agent

PO BOX 18106 RALEIGH, NC 27619-8106
Address

Power of Attorney Attached

