

775 7533

Application # 11500 26164

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 for Residential Building and Trades Permit

Owner s Name KEVIN GREGORY Date 01/23/12 Site Address NC HWY 27 Phone 910-658 2193 Directions to job site from Lillington FROM LILLINGTON TAKE HWY 27 GO APPROX 15 MILES PASS BUFFALO LAKE RD LOT IS ON THE RIGHT

Subdivision Lot 2 Description of Proposed Work OFF FRAMEMODULAR # of Bedrooms 4 Heated SF 2305 Unheated SF Finished Bonus Room? Crawl Space Slab

General Contractor Information

RAVEN ROCK MH MOVERS 919 775 3600 Building Contractor s Company Name Telephone 3335 NC 87 HWY COUNTRYFAIRHOMES@WINDSTREAM NET Address Email Address 3400 License #

Electrical Contractor Information

Description of Work HOOK UP ELECTRIC Service Size 200 Amps T Pole Yes No HOT SHOTZ 919 935-4496 Electrical Contractor s Company Name Telephone 529 BRINN DRIVE N/A Address Email Address 17702L License #

Mechanical/HVAC Contractor Information

Description of Work HOOK UP HEATPUMP TIN SHOP 919-499-1757 Mechanical Contractor s Company Name Telephone 3489 EDWARDS RD N/A Address Email Address 22513 License #

Plumbing Contractor Information

Description of Work HOOK UP WATER AND SEWER # Baths 2 KEVIN GREGORY 910-658 2193 Plumbing Contractor s Company Name Telephone 45 NUT TREE CIRCLE LILLINGTON Address Email Address SELF License #

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 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

01/23/12

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 RAVEN ROCK MH MOVERS

Sign w/Title Bobby Jiggs / Supervisor Date 01/23/12

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

LSM0364186

WE EJ WOMACK ENTERPRISES DBA RAVEN ROCK MOBILE HOME MOVERS
as principal located at 3335 NC 87 HWY Sanford, NC 27332
and RLI Insurance Company (surety) of Peoria, IL 61612 3967 P O Box 3967
Peoria, IL 61612 3967 (address) a corporation incorporated under the laws of the State of
Illinois and duly licensed to transact a surety business in the State of North Carolina as surety are indebted and
bound to the County of Harnett (city or county inspection
department) in the sum of Five Thousand and 00/100
(\$ 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 NC HWY 27
City SANFORD 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 County of Harnett (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 his 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 11th day of January 2012 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

EJ WOMACK ENTERPRISES DBA RAVEN ROCK
MOBILE HOME MOVERS

[Signature]
Signature of Principal

President
Title

RLI Insurance Company

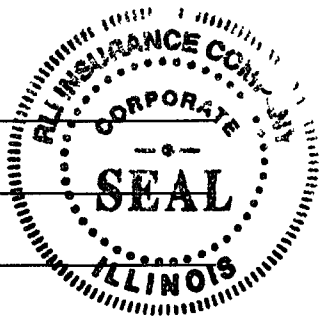
Surety by [Signature]
(signature)

Norman C. Payne IV
(printed name)

Title Attorney In Fact

Address P O Box 3967
Peoria, IL 61612 3967

[Signature]
N C Resident Agent Payne Insurance Services



Power of Attorney Attached

PO Box 1705
Sanford, NC 27330
Address



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 LSM0364186

Know All Men by These Presents

That the RLI Insurance Company a corporation organized and existing under the laws of the State of Illinois and authorized and licensed to do business in all states and the District of Columbia does hereby make constitute and appoint Norman C. Payne IV in the City of Sanford State of North Carolina as Attorney In Fact with full power and authority hereby conferred upon him/her to sign execute acknowledge and deliver for and on its behalf as Surety in general any and all bonds undertakings and recognizances in an amount not to exceed Ten Million and 00/100 Dollars (\$10,000,000 00) for any single obligation and specifically for the following described bond

Principal EJ WOMACK ENTERPRISES DBA RAVEN ROCK MOBILE HOME MOVERS
 Oblgee County of Harnett
 Type Bond Modular Building, Setup and Installation Contractor
 Bond Amount \$ 5,000 00
 Effective Date January 11, 2012

The RLI Insurance Company further certifies that the following is a true and exact copy of a Resolution adopted by the Board of Directors of RLI Insurance Company and now in force to wit

"All bonds, policies, undertakings, Powers of Attorney or other obligations of the corporation shall be executed in the corporate name of the Company by the President, Secretary, any Assistant Secretary, Treasurer, or any Vice President, or by such other officers as the Board of Directors may authorize The President, any Vice President, Secretary, any Assistant Secretary, or the Treasurer may appoint Attorneys in Fact or Agents who shall have authority to issue bonds, policies or undertakings in the name of the Company The corporate seal is not necessary for the validity of any bonds, policies, undertakings, Powers of Attorney or other obligations of the corporation The signature of any such officer and the corporate seal may be printed by facsimile "

IN WITNESS WHEREOF the RLI Insurance Company has caused these presents to be executed by its Vice President with its corporate seal affixed this 11th day of January 2012

ATTEST

Cynthia S Dohm
 Cynthia S Dohm Assistant Secretary



Roy C Die
 Roy C Die Vice President

On this 11th day of January 2012 before me a Notary Public personally appeared Roy C. Die and Cynthia S. Dohm who being by me duly sworn acknowledged that they signed the above Power of Attorney as Vice President and Assistant Secretary respectively of the said RLI Insurance Company and acknowledged said instrument to be the voluntary act and deed of said corporation

Jacqueline M Bockler
 Jacqueline M Bockler Notary Public



**E J WOMACK ENTERPRISES INC
DBA COUNTRY FAIR HOMES**

2516 Jefferson Davis Highway
SANFORD NORTH CAROLINA 27330
(919) 775 3600 1 800 509-3600 Fax (919) 775-7533

BUYER: Kevin A Gregory PIC: 910-658-2193 D-TF: _____
45 Nut Tree Cir, Lillington, NC 27546 SALESPERSON: Chris
 MODEL: Champion 3077A YEAR: 2012 MONTH: 4 LOT: 76 W: 32 L: 80 W32
 NUMBER: T.B.D. NEW USED PROPOSED DELIVER DATE: 12/01

LOCATION	R-VALUE	THICKNESS	TYPE OF INSULATION	BASE PRICE OF UNIT	
CEILING					\$296,000.00
EXTERIOR				OPTIONAL EQUIPMENT	<u>INC</u>
FLOORS					
				SUB TOTAL	\$296,000.00

THIS INSULATION INFORMATION WAS FURNISHED BY THE MANUFACTURER AND IS DISCLOSED IN COMPLIANCE WITH THE FEDERAL TRADE COMMISSION RULE 16CFR SECTION 460.16

OPTIONAL EQUIPMENT LABOR AND ACCESSORIES	NON TAXABLE ITEMS	
<u>Del & Set to Co Codes</u>	VARIOUS FEES AND INSURANCE	<u>NA</u>
<u>Crane to set house</u>	1 CASH PURCHASE PRICE	\$296,000.00
<u>4 Ton 13 Seer Heat Pump 1st Floor</u>	TRADE IN ALLOWANCE	\$
<u>Plumbing & Electrical Hookup</u>	LESS BAL DUE on above	\$
<u>2 Sets of Steps 3x4 Landing</u>	NET ALLOWANCE	\$
<u>Modular Pond & Plants</u>	CASH DOWN PAYMENT	\$
<u>Septic</u>	CASH AS AGREED SEE REFI BK	\$25,000.00
<u>Tap & Linc to house</u>	2 LESS TOTAL CREDITS	\$
<u>FHA Inspection</u>	SUB TOTAL	\$271,000.00
<u>6x11 covered front porch with vinyl rails</u>	SALES TAX (If Not Included Above)	
	3 Unpaid Balance of Cash Sale Price	\$271,000.00

Dealer and Buyer certify that the additional terms and conditions printed on the other side of this contract are agreed to as a part of this agreement, the same as if printed above the signatures Buyer is purchasing the above described manufactured home, the optional equipment and accessories, the insurance as described has been voluntary, that Buyer's trade-in is free from all claims whatsoever, except as noted

ESTIMATED RATE OF FINANCING _____ %
 NUMBER OF YEARS _____
 ESTIMATED MONTHLY PAYMENTS \$ _____

THIS AGREEMENT CONTAINS THE ENTIRE UNDERSTANDING BETWEEN DEALER AND BUYER AND NO OTHER REPRESENTATION OR INDUCEMENT, VERBAL OR WRITTEN, HAS BEEN MADE WHICH IS NOT COVERED IN THIS CONTRACT
 BUYER(S) ACKNOWLEDGE RECEIPT OF A COPY OF THIS ORDER AND THAT BUYER(S) HAVE READ AND UNDERSTAND THE BACK OF THIS AGREEMENT

I UNDERSTAND THAT I HAVE THE RIGHT TO CANCEL THIS PURCHASE BEFORE MIDNIGHT OF THE THIRD BUSINESS DAY AFTER THE DATE THAT I HAVE SIGNED THIS AGREEMENT I UNDERSTAND THAT THIS CANCELLATION MUST BE IN WRITING IF I CANCEL THE PURCHASE AFTER THE THREE DAY PERIOD I UNDERSTAND THAT THE DEALER MAY NOT HAVE ANY OBLIGATION TO GIVE ME BACK ALL OF THE MONEY THAT I PAID THE DEALER I UNDERSTAND ANY CHANGE TO THE TERMS OF THE PURCHASE AGREEMENT BY THE DEALER WILL CANCEL THIS AGREEMENT

NOTE: WARRANTY AND EXCLUSIONS AND LIMITATIONS OF DAMAGES ON THE REVERSE SIDE			
DESCRIPTION OF TRADE IN	YEAR	SIZE	
MAKE	MODEL	BEDROOMS	
TITLE NO	SERIAL NO	COLOR	
AMOUNT OWING TO WHOM			
ANY DEBT BUYER OWES ON TRADE IN IS TO BE PAID BY <input type="checkbox"/> DEALER <input type="checkbox"/> BUYER			

**E J WOMACK ENTERPRISES INC
DBA COUNTRY FAIR HOMES**

Not Valid Unless Signed and Accepted by an Officer of the Company or an Authorized Agent

DEALER: Chris [Signature] SIGNED X _____ BUYER: _____
 SOCIAL SECURITY NO _____ / _____ / _____
 BUYER: _____ SIGNED X _____ BUYER: _____
 SOCIAL SECURITY NO _____ / _____ / _____