

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

Application # 11-50026394

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 Latonya Carnegie McDean Date 5/4/11
Site Address Lot 2 Hwy 27 West Phone 919-478-5751
Directions to job site from Lillington 27 Hwy toward W Harnett High School
Pass School approx 2 miles to Left.

Subdivision _____ Lot 2
Description of Proposed Work on frame modular # of Bedrooms 34
Heated SF 2027 Unheated SF _____ Finished Bonus Room? _____ Crawl Space _____ Slab _____

General Contractor Information

Raven Rock Mth Movers 919-775-3600
Building Contractor's Company Name Telephone
2516 Jefferson Davis Hwy
Address Email Address
3400
License #

Electrical Contractor Information

Description of Work Electrical Hookup Service Size 200 Amps T Pole Yes No
Robby Sharpe 919-499-3338
Electrical Contractor's Company Name Telephone
735 Sharpe Rd Sanford
Address Email Address
~~23262~~ 23262
License #

Mechanical/HVAC Contractor Information

Description of Work Hook up Heat Pump
Tin Shop 919-499-1757
Mechanical Contractor's Company Name Telephone
3489 Edwards Rd
Address Email Address
22513
License #

Plumbing Contractor Information

Description of Work Hook up water/sewer # Baths 2
Latonya Carnegie 919-478-5751
Plumbing Contractor's Company Name Telephone
Hwy 27 West
Address Email Address
SELF
License #

Insulation Contractor Information

Insulation Contractor's Company Name & Address N/A 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 **by signing below I have obtained all subcontractors 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

Bobby Suggs
Signature of Owner/Contractor/Officer(s) of Corporation

5/4/11
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 Raven Rock M H Movers

Sign w/Title Bobby Suggs | manager Date 5/4/11



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 LSM0292069

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
Obligee County of Harnett
Type Bond Modular Building, Setup and Installation Contractor
Bond Amount \$ 5,000.00
Effective Date May 3, 2011

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 3rd day of May 2011

ATTEST

Cynthia S. Dohm
 Cynthia S. Dohm Assistant Secretary



Roy C. Die
 Roy C. Die Vice President

On this 3rd day of May 2011 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

Cherie L. Montgomery
 Cherie L. Montgomery Notary Public



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

LSM0292069

WE EJ Womack Enterprises DBA Raven Rock Mobile Home Movers
as principal located at 2516 Jefferson Davis Highway Sanford, NC 27330
and RLI Insurance Company (surety) of 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 Lot 2, NC27 W
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 3rd
day of May 2011 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
E J Womack
Owner
Title

RLI Insurance Company

Surety by [Signature]
(signature)

Norman C Payne
(printed name)

Title Attorney In Fact

Address P O Box 3967
Peoria, IL 61612 3967

NC Resident Agent Norman C Payne Insurance Services

PO Box 1705
Sanford, NC 27330
Address

Power of Attorney Attached



