

Harnett County Central Permitting
PO Box 85 Lillington NC 27546
910 893 7525 Fax 910 893 2793 www.harnett.org/permits

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

Application for Residential Building and Trades Permit

Owner's Name Genetrude Tony Shappard / "New Buyer" Felix Charles Burgoyne Date 5-24-12
Site Address 100 Waters way Lillington NC Phone 910-690-9222
Directions to job site from Lillington Hwy 27 Left on Nursery Rd
about 3/4 Twn Left on Waters way Lot on Right
500 Feet

Subdivision Taylor's Trail Lot 205
Description of Proposed Work Set up modular Home # of Bedrooms 3
Heated SF 2102 Unheated SF 102 Finished Bonus Room? Crawl Space Slab

General Contractor Information

Advantage Plus Nowing Telephone 910-692-3334
Building Contractor's Company Name
5395 US 1 North YASS NC
Address 28394 Email Address
44890
License #

Electrical Contractor Information

Description of Work wire Service Size 200 Amps T-Pole Yes No
Triple A Elec Telephone 919-353-1982
Electrical Contractor's Company Name
PO box 499 Lemon sprigs NC 28355
Address 25128 Email Address
License #

Mechanical/HVAC Contractor Information

Description of Work Just all Duct & Air Handle
Carolina Air Telephone 910-947-7707
Mechanical Contractor's Company Name
3700 15-50 Hwy Carthage NC
Address 28327 Email Address
23549
License #

Plumbing Contractor Information

Description of Work Plumb Home # Baths 2 1/2
Neil McDonald Plumbing Telephone 919-770-0773
Plumbing Contractor's Company Name
5321 Swann Station Rd Sanford
Address 27332 Email Address
11824
License #

Insulation Contractor Information

N/A Telephone N/A
Insulation Contractor's Company Name & Address

*NOTE General Contractor must fill out and sign the second page of this application

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

[Signature] _____ Date 5-24-12
 Signature of Owner/Contractor/Officer(s) of Corporation

Affidavit for Worker's Compensation N C G S 87-14

The undersigned applicant being the modular Bond
 _____ 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 [Signature] manager Date 5-24-12

NORTH CAROLINA MODULAR BUILDING
SET-UP CONTRACTOR LICENSE BOND

1250029026

#018-028-309

WE, Advantage Plus Housing, as principal located at 5395 US 1 Hwy., Vass, NC 28394 and Liberty Mutual Insurance Company (Surety) of P O Box 49669, Charlotte, NC 28277 a corporation incorporated under the laws of the State of Massachusetts 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 100 Waters Way
City Lillington, NC
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 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 4th day of June, 2012, the name and corporate seal of each corporate party being hereto affixed and these presents duly signed by its undersigned representative, pursuant to authority of its governing body.

[Signature]

Signature of Principal

[Signature]

Title

Surety by [Signature]

(signature)

Liberty Mutual Insurance Company
(printed name)

Title Bonnie B. Higgins, Attorney-in-Fact

Address P.O. Box 18106, Raleigh, NC 27619

Stanton Taylor Agency, Inc.
N.C. Resident Agent

P.O. Box 18106, Raleigh, NC 27619

American Fire and Casualty Company
The Ohio Casualty Insurance Company
West American Insurance Company

Liberty Mutual Insurance Company
Peerless Insurance Company

Certificate No. _____

POWER OF ATTORNEY

KNOWN ALL PERSONS BY THESE PRESENTS: That American Fire & Casualty Company and The Ohio Casualty Insurance Company are corporations duly organized under the laws of the State of Ohio, that Liberty Mutual Insurance Company is a corporation duly organized under the laws of the State of Massachusetts, that Peerless Insurance Company is a corporation duly organized under the laws of the State of New Hampshire, and West American Insurance Company is a corporation duly organized under the laws of the State of Indiana (herein collectively called the "Companies"), pursuant to and by authority herein set forth, does hereby name, constitute and appoint, **PAUL M. SIMSON, JAMES F. HANLEY, BONNIE B. HIGGINS,**

all of the city of RALEIGH, state of NORTH CAROLINA each individually if there be more than one named, its true and lawful attorney-in-fact to make, execute, seal, acknowledge and deliver, for and on its behalf as surety and as its act and deed, any and all undertakings, bonds, recognizances and other surety obligations, in pursuance of these presents and shall be as binding upon the Companies as if they have been duly signed by the president and attested by the secretary of the Companies in their own proper persons.

IN WITNESS WHEREOF, this Power of Attorney has been subscribed by an authorized officer or official of the Companies and the corporate seals of the Companies have been affixed thereto this 18th day of March, 2012.



American Fire and Casualty Company
The Ohio Casualty Insurance Company
Liberty Mutual Insurance Company
Peerless Insurance Company
West American Insurance Company

By: Gregory W. Davenport
Gregory W. Davenport, Assistant Secretary

STATE OF WASHINGTON ss
COUNTY OF KING

On this 18th day of March, 2012, before me personally appeared Gregory W. Davenport, who acknowledged himself to be the Assistant Secretary of American Fire and Casualty Company, Liberty Mutual Insurance Company, The Ohio Casualty Company, Peerless Insurance Company and West American Insurance Company, and that he, as such, being authorized so to do, execute the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my notarial seal at Seattle, Washington, on the day and year first above written.



By: KD Riley
KD Riley, Notary Public

This Power of Attorney is made and executed pursuant to and by authority of the following By-laws and Authorizations of American Fire and Casualty Company, The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, West American Insurance Company and Peerless Insurance Company, which resolutions are now in full force and effect reading as follows:

ARTICLE IV - OFFICERS - Section 12. Power of Attorney. Any officer or other official of the Corporation authorized for that purpose in writing by the Chairman or the President, and subject to such limitation as the Chairman or the President may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Corporation to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Corporation by their signature and execution of any such instruments and to attach thereto the seal of the Corporation. When so executed, such instruments shall be as binding as if signed by the President and attested to by the Secretary. Any power or authority granted to any representative or attorney-in-fact under the provisions of this article may be revoked at any time by the Board, the Chairman, the President or by the officer or officers granting such power or authority.

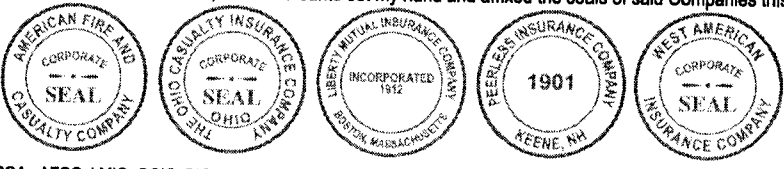
ARTICLE XIII - Execution of Contracts - SECTION 5. Surety Bonds and Undertakings. Any officer of the Company authorized for that purpose in writing by the chairman or the president, and subject to such limitations as the chairman or the president may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Company by their signature and execution of any such instruments and to attach thereto the seal of the Company. When so executed such instruments shall be as binding as if signed by the president and attested by the secretary.

Certificate of Designation - The President of the Company, acting pursuant to the Bylaws of the Company, authorizes Gregory W. Davenport, Assistant Secretary to appoint such attorney-in-fact as may be necessary to act on behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations.

Authorization - By unanimous consent of the Company's Board of Directors, the Company consents that facsimile or mechanically reproduced signature of any assistant secretary of the Company, wherever appearing upon a certified copy of any power of attorney issued by the Company in connection with surety bonds, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

I, David M. Carey, the undersigned, Assistant Secretary, of American Fire and Casualty Company, The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, West American Insurance Company and Peerless Insurance Company do hereby certify that the original power of attorney of which the foregoing is a full above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which is in full force and effect and has not been revoked.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seals of said Companies this 4th day of June, 2012.



By: David M. Carey
David M. Carey, Assistant Secretary

Not valid for mortgage, note, loan, letter of credit, bank deposit, currency rate, interest rate or residual value guarantees.

To confirm the validity of this Power of Attorney call 1-610-832-8240 between 9:00 am and 4:30 pm EST on any business day.