

09/09/11

Application #

145003336

Harnett County Central Permitting  
PO Box 65 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 Curtis Holcomb Date 10/28/2014

Site Address 526 McDuffie Rd. Cameron, NC 28326 Phone 919-499-0802

Directions to job site from Lillington Take Hwy 27 West turn @ on Hwy 24 then @ onto Marks Rd. then @ on McDuffie Rd. Property is on the right.

Subdivision NA Lot \_\_\_\_\_

Description of Proposed Work Off-frame modular # of Bedrooms 4

Heated SF 2280 Unheated SF \_\_\_\_\_ Finished Bonus Room? \_\_\_\_\_ Crawl Space \_\_\_\_\_ Slab \_\_\_\_\_

**General Contractor Information**

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

Address \_\_\_\_\_ Email Address \_\_\_\_\_

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

**Electrical Contractor Information**

Description of Work \_\_\_\_\_ Service Size \_\_\_\_\_ Amps T-Pole  Yes  No

Service Substation Telephone 919-635-9763

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

Address 5798 McDonald Rd. Parkton, NC 28371 Email Address \_\_\_\_\_

20934  
License # \_\_\_\_\_

**Mechanical/HVAC Contractor Information**

Description of Work \_\_\_\_\_  
Swain Electric Telephone 336-685-9722

Mechanical Contractor's Company Name \_\_\_\_\_  
Address 3702 New Salem Rd. Clinch, NC Email Address \_\_\_\_\_

13074-H3  
License # \_\_\_\_\_

**Plumbing Contractor Information**

Description of Work \_\_\_\_\_ # Baths \_\_\_\_\_  
Priority Plumbing Telephone 919-422-4935

Plumbing Contractor's Company Name \_\_\_\_\_  
Address P.O. Box 264 Willow Springs, NC 27592 Email Address \_\_\_\_\_

18550-P-1  
License # \_\_\_\_\_

**Insulation Contractor Information**

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

\*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 of Owner/Contractor/Officer(s) of Corporation

\_\_\_\_\_  
 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 \_\_\_\_\_

Sign w/Title \_\_\_\_\_ Date \_\_\_\_\_

**DO NOT REMOVE!****Details: Appointment of Lien Agent**

Entry #: 208450

Filed on: 10/28/2014

Initially filed by:

r1034@claytonhomes.com

**Designated Lien Agent**

Old Republic National Title Insurance Company

Online: [www.liensnc.com](http://www.liensnc.com)Address: 19 W. Hargett St., Suite 507 / Raleigh, NC  
27601

Phone: 888-690-7384

Fax: 913-489-5231

Email: [support@liensnc.com](mailto:support@liensnc.com)**Project Property**526 McDuffie Rd.  
Cameron, NC 28326  
Harnett County**Property Type**

1-2 Family Dwelling

**Print & Post****Contractors:**

Please post this notice on the Job Site.

**Suppliers and Subcontractors:**

Scan this image with your smart phone to view this filing. You can then file a Notice to Lien Agent for this project.

**Owner Information**Curtis Holcomb  
526 McDuffie Rd  
Cameron, NC 28326  
United States  
Email: [kristi.wilkie@claytonhomes.com](mailto:kristi.wilkie@claytonhomes.com)  
Phone: 919-799-3776[View Comments \(0\)](#)

Technical Support Hotline: (888) 690-7384

NORTH CAROLINA MODULAR BUILDING  
SET-UP CONTRACTOR LICENSE BOND

#500558 Re: Holcomb

WE, CMH Homes, Inc., Dba: Clayton Homes #1034 as principal, located at 1921 Keller Andrews Rd, Sanford, NC 27330 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: 526 McDuffie Rd  
City: Cameron, NC 28326
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 28<sup>th</sup> day of October 2014, 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 \_\_\_\_\_  
(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 0500558

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 Joseph G. Johnson, or Todd Gould \*\*\*

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 \*\*\*

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 18<sup>th</sup> day of July, AD., 2014.

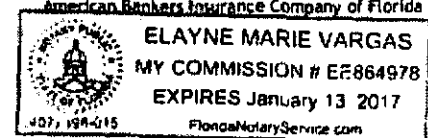
Attest: Christina Ams  
Assistant Secretary, American Bankers Insurance Company of Florida



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 Ams  
Secretary, American Reliable Insurance Company



State of Florida  
County of Dade

On this 18<sup>th</sup> day of July, in the year 2014, before me Elayne Vargas 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.

Elayne M Vargas  
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 AMERICAN BANKERS INSURANCE COMPANY OF FLORIDA and AMERICAN RELIABLE INSURANCE COMPANY, on July 29, 1993.

Christina Ams  
SECRETARY, American Reliable Insurance Company

Christina Ams  
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 18<sup>th</sup> day of July, 2014.

Christina Ams  
SECRETARY, American Reliable Insurance Company

Christina Ams  
ASSISTANT SECRETARY, American Bankers Insurance Company of Florida

To Form and Be A  
Part of Bond Number LPM 0500558

PRINCIPAL NAME: CMH Homes, Inc., Dba: Clayton Homes #1034  
October 28, 2014