

09/09/11

Application #

15-50036010

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**

submitted  
11.15

Owner's Name Paul Rian Dupree & Danielle Langton Dupree Date \_\_\_\_\_  
Site Address Parcel# 040692 0039 Pin# 0692-58- Phone (919) 628-5085

Directions to job site from Lillington Kirk Adams Rd, Angier, NC 27501

Take 210 towards Angier; turn Right onto Hwy 55; -turn left onto Benson Rd.; Turn Right onto Kirk Adams Rd, continue through cul-de-sac; 1st driveway on right.

Subdivision \_\_\_\_\_ Lot 3

Description of Proposed Work CONSTRUCT OFF FRAME MODULAR # of Bedrooms 4

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

**General Contractor Information**

DALY HOMES  
Building Contractor's Company Name  
41043 MCLAIN ST. GORSON NC 27534  
Address  
5082  
License # \_\_\_\_\_

919.751-0622  
Telephone  
THE DALY COMPANY 2 @ AOL  
Email Address

**Electrical Contractor Information**

Description of Work WIRE HOMES Service Size 200 Amps T-Pole  Yes  No  
RIGHT TEMP

Electrical Contractor's Company Name  
KINSEW NC  
Address  
4393 L  
License # \_\_\_\_\_

252-523-6469  
Telephone  
DENNIS W HARRISON @ YAHOO.COM  
Email Address

**Mechanical/HVAC Contractor Information**

Description of Work INSTALL HEAT PUMP  
RIGHT TEMP

Mechanical Contractor's Company Name  
KINSEW NC  
Address  
1604 S  
License # \_\_\_\_\_

252-523-6469  
Telephone  
DENNIS W HARRISON @ YAHOO.COM  
Email Address

**Plumbing Contractor Information**

Description of Work CONNECT TO WATER + SEWER # Baths 2  
C + M

Plumbing Contractor's Company Name  
MR. OLIVE NC  
Address  
19207  
License # \_\_\_\_\_

919-658-6109  
Telephone  
CM.PLUMBING @ YMAIL.COM  
Email Address

**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

5/26/15

**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 DALY HSMCS

Sign w/Title [Signature] SMOG MGR.

Date 6-9-15

NORTH CAROLINA MODULAR BUILDING  
SET-UP CONTRACTOR LICENSE BOND

# LSM0748515

WE, The Daly Company, Inc.  
as principal, located at 4043 McLain Street Goldsboro, NC 27534  
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 690 Kirk Adams Road  
City Angier, 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 28th day of May, 2015, 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.

The Daly Company, Inc.

[Signature]  
Signature of Principal  
[Title]  
Title

**RLI Insurance Company**

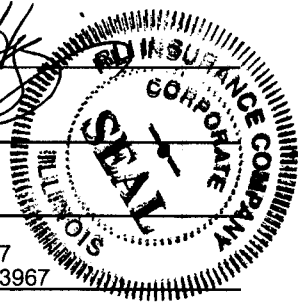
Surety by [Signature]  
(signature)

Bonnie B. Higgins  
(printed name)

Title Attorney In Fact

Address P.O. Box 3967  
Peoria, IL 61612-3967

N.C. Resident Agent Towne Insurance Agency LLC  
4515 Falls of Neuse Rd Ste 300  
Raleigh, NC 27619  
Address



Power of Attorney Attached

R3200507-50,0



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. LSM0748515

**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: Bonnie B. Higgins in the City of Raleigh, 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:** The Daly Company, Inc.  
**Obligee:** County of Harnett  
**Type Bond:** Modular Building, Setup and Installation Contractor  
**Bond Amount:** \$ 5,000.00  
**Effective Date:** May 28, 2015

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 28th day of May, 2015.

ATTEST:

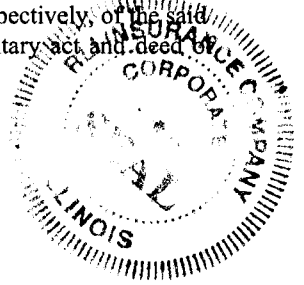
Cynthia S. Dohm  
 Assistant Secretary



Roy C. Die  
 Vice President

On this 28th day of May, 2015 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  
 Notary Public



**DO NOT REMOVE!**

Entry # 299676

Filed on: 05/28/2015

: Johnboy

**Designated Lien Agent**

North American 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)

none  
690 Kirk Adams Rd.  
Angier, NC 27501  
Angier County

**Property Type**

1-2 Family Dwelling

**Date of First Furnishing**

06/30/2015

Paul DuPree  
690 Kirk Adams Rd.  
Angier, NC 27501  
United States  
Email: [thedalycompany2@aol.com](mailto:thedalycompany2@aol.com)  
Phone: 919-628-5085

**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.

View Comments (0)

Technical Support Hotline: (888) 690-7384