



**ENGINEERS
PLANNERS
CONSULTANTS**

305 NORTH OAKLAND AVENUE • P.O. BOX 490 • NAPPANEE, INDIANA 46550
WEB: WWW.NTAINC.COM

PHONE: 574-773-7975
FAX: 574-773-2732

July 10, 2015

Mr. Alan Greene, PE
State of North Carolina
Department of Insurance
Manufactured Building Division
322 Chapanoke Road
Suite 200
Raleigh, NC 27603

RE: CMH Manufacturing, Inc. Plant 958
Model: SN247325 for NC

Dear Mr. Greene,

Enclosed, you will find one (1) copy of the above mentioned project for your files.

Should you have any questions or comments, please contact me at your earliest convenience.

Sincerely,

David Richter

David Richter
Account Manager

Enclosures

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 MICHAEL HAYES Date 6-2-15
Site Address 646 MARTIN RD. DUNN NC 28347 Phone 910-658-9168
Directions to job site from Lillington _____

Subdivision _____ Lot _____
Description of Proposed Work SET OFF FRAME MODULE # of Bedrooms 3
Heated SF 2200 Unheated SF 2280 Finished Bonus Room? NO Crawl Space Slab _____

General Contractor Information

THE DALY CO. INC. 919-751-0622
Building Contractor's Company Name Telephone
41043 MCLEIN ST. GOLDSBORO NC 27534 THE DALY COMPANY 2 @ AOL.COM
Address Email Address
5082
License # _____

Electrical Contractor Information

Description of Work WIRE OFF FRAME MODULE Service Size 200 Amps T-Pole Yes No
RIGHT TEMP 252-523-6469
Electrical Contractor's Company Name Telephone
KINSTON NC DONNIS W HARRISON @ YAHOO.COM
Address Email Address
4893-L
License # _____

Mechanical/HVAC Contractor Information

Description of Work INSTALL SPLIT SYSTEM HEAT PUMP, ALL MECHANICAL
RIGHT TEMP 252-523-6469
Mechanical Contractor's Company Name Telephone
KINSTON NC
Address Email Address
16045
License # _____

Plumbing Contractor Information

Description of Work PLUMB HOUS TO EXISTING WTR. + SEWER # Baths 2
C + M PLUMBING 919-658-6109
Plumbing Contractor's Company Name Telephone
M.F. OLIVE NC CM. PLUMBING @ YAHOO.COM
Address Email Address
19887
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 THE DALY CO. INC.

Sign w/Title G.M.

Date

DO NOT REMOVE!

Details: Appointment of Lien Agent

Entry #: 316445

Filed on: 06/30/2015

Initially filed by: Johnboy

Designated Lien Agent

Old Republic National Title Insurance Company

Online: www.licsnc.com

Address: 19 W. Hargett St., Suite 507 / Raleigh, NC
27601

Phone: 888-690-7384

Fax: 913-489-5231

Email: support@licsnc.com

Project Property

none
646 Partin Rd.
Dunn, NC 28334
Harnett County

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.

Property Type

1-2 Family Dwelling

Owner Information

Michael Hayes
646 Partin Rd.
Dunn, NC 28344
United States
Email: thedalycompany2@aol.com
Phone: 910-658-9168

Date of First Furnishing

08/04/2015

View Comments (0)

Technical Support Hotline: (888) 690-7384

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

LSM0746797

WE, The Daly Company, Inc.
as principal, located at 4043 McLain Street, Goldsboro, NC 27534
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 Partin Road
City Dunn, 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 21st 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.

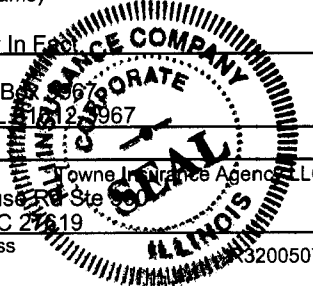
The Daly Company, Inc.
[Signature]
Signature of Principal

Title

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 100
Raleigh, NC 27619
Address



Power of Attorney Attached



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. LSM0746797

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 21, 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 21st day of May, 2015.

ATTEST:

Cynthia S. Dohm
 Cynthia S. Dohm Assistant Secretary



Roy C. Die
 Roy C. Die Vice President

On this 21st 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
 Jacqueline M. Bockler Notary Public



Plan Box # All

Date 7.13.15

Job Name Nicholas Hayes

App # 1550030239

Valuation ^{\$} 218,880

Heated SQ Feet 2,280

Garage _____
= _____

Inspections for SFD/SFA

Crawl _____

Slab _____

Mono _____

Basement _____

Footing	Footing	Plum Under Slab	Footing
Foundation	Foundation	Ele. Under Slab	Foundation
Address	Address	Address	Waterproofing
Open Floor	Slab	Mono Slab	Plum Under slab
Rough In	Rough In	Rough In	Address
Insulation	Insulation	Insulation	Slab
Final	Final	Final	Open Floor
			Rough In
			Insulation
			Final

Foundation Survey _____

Envir. Health new
new null

Other _____

Additions / Other

Footing _____

Foundation _____

Slab _____

Mono _____

Open Floor _____

Rough In _____

Insulation _____

Final _____