

Initial Application Date: 4-22-14

Application # 1050038539  
CU# \_\_\_\_\_

**COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION**

Central Permitting 108 E. Front Street, Lillington, NC 27546 Phone: (910) 893-7525 ext:2 Fax: (910) 893-2793 www.harnett.org/permits

**\*\*A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) & SITE PLAN ARE REQUIRED WHEN SUBMITTING A LAND USE APPLICATION\*\***

**LANDOWNER:** Francises Murchison Mailing Address: 130 Herbert Ln  
City: Lillington State: NC Zip: 27546 Contact No: 910-893-9730 Email: \_\_\_\_\_

**APPLICANT\*:** Reneasha Mclean Mailing Address: 130 Herbert Lane  
City: Lillington State: NC Zip: 27546 Contact No: \_\_\_\_\_ Email: \_\_\_\_\_

\*Please fill out applicant information if different than landowner

**CONTACT NAME APPLYING IN OFFICE:** Barry Guyton Phone # 919-498-4039

**PROPERTY LOCATION:** Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_ Lot Size: 1.83  
State Road # \_\_\_\_\_ State Road Name: Herbert Ln Map Book & Page: - 1 -  
Parcel: 130528 0081 PIN: 0528-13-5419.000  
Zoning: RA-30 Flood Zone: X Watershed: - Deed Book & Page: 3280, 708 Power Company\*: \_\_\_\_\_

\*New structures with Progress Energy as service provider need to supply premise number \_\_\_\_\_ from Progress Energy.

**PROPOSED USE:**

- SFD: (Size \_\_\_\_\_ x \_\_\_\_\_) # Bedrooms: \_\_\_\_\_ # Baths: \_\_\_\_\_ Basement(w/wo bath): \_\_\_\_\_ Garage: \_\_\_\_\_ Deck: \_\_\_\_\_ Crawl Space: \_\_\_\_\_ Slab: \_\_\_\_\_ Slab: \_\_\_\_\_  
(Is the bonus room finished? ( ) yes ( ) no w/ a closet? ( ) yes ( ) no (if yes add in with # bedrooms)
- Mod: (Size 28 x 76) # Bedrooms 4 # Baths 2 Basement (w/wo bath) \_\_\_\_\_ Garage: \_\_\_\_\_ Site Built Deck: \_\_\_\_\_ On Frame \_\_\_\_\_ Off Frame   
(Is the second floor finished? ( ) yes ( ) no Any other site built additions? ( ) yes ( ) no
- Manufactured Home: \_\_\_\_\_ SW \_\_\_\_\_ DW \_\_\_\_\_ TW (Size \_\_\_\_\_ x \_\_\_\_\_) # Bedrooms: \_\_\_\_\_ Garage: \_\_\_\_\_ (site built? \_\_\_\_\_) Deck: \_\_\_\_\_ (site built? \_\_\_\_\_)
- Duplex: (Size \_\_\_\_\_ x \_\_\_\_\_) No. Buildings: \_\_\_\_\_ No. Bedrooms Per Unit: \_\_\_\_\_
- Home Occupation: # Rooms: \_\_\_\_\_ Use: \_\_\_\_\_ Hours of Operation: \_\_\_\_\_ #Employees: \_\_\_\_\_
- Addition/Accessory/Other: (Size \_\_\_\_\_ x \_\_\_\_\_) Use: \_\_\_\_\_ Closets in addition? ( ) yes ( ) no

Water Supply:  County \_\_\_\_\_ Existing Well \_\_\_\_\_ New Well (# of dwellings using well \_\_\_\_\_) \*Must have operable water before final

Sewage Supply:  New Septic Tank (Complete Checklist) \_\_\_\_\_ Existing Septic Tank (Complete Checklist) \_\_\_\_\_ County Sewer

Does owner of this tract of land, own land that contains a manufactured home within five hundred feet (500') of tract listed above? (  ) yes ( ) no

Does the property contain any easements whether underground or overhead ( ) yes (  ) no

Structures (existing or proposed): Single family dwellings: \_\_\_\_\_ Manufactured Homes: \_\_\_\_\_ Other (specify): \_\_\_\_\_

**Required Residential Property Line Setbacks:**

Front	Minimum	<u>35</u>	Actual	<u>70+</u>
Rear		<u>25</u>		<u>277'</u>
Closest Side		<u>10</u>		<u>17'</u>
Sidestreet/corner lot		_____		_____
Nearest Building on same lot		_____		_____

**Comments:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

09/09/11

Application #

16-50038539

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 Reneasha Mclean Date 7/11/16

Site Address \_\_\_\_\_ Phone \_\_\_\_\_

Directions to job site from Lillington Go Hwy 27 to Moore's Chapel Road, turn Right. Go 1/3 and turn Right on Hubert Ln. The lot is at the back

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

Description of Proposed Work off frame modular # of Bedrooms 4

Heated SF 2027 Unheated SF \_\_\_\_\_ Finished Bonus Room? \_\_\_\_\_ Crawl Space \_\_\_\_\_ Slab \_\_\_\_\_

**General Contractor Information**

Raven Rock mtr mopers  
Building Contractor's Company Name  
3335 NC Hwy 87 S Sanford  
Address  
3400  
License # \_\_\_\_\_

919-775-3600  
Telephone  
N/A  
Email Address

**Electrical Contractor Information**

Description of Work \_\_\_\_\_ Service Size 200 Amps T-Pole  Yes  No

Heaton Construction  
Electrical Contractor's Company Name  
309 Long Circle Roanoke NC  
Address  
17702  
License # \_\_\_\_\_

919-935-3112  
Telephone  
N/A  
Email Address

**Mechanical/HVAC Contractor Information**

Description of Work Hook up Heatpump

Carolina Air Inc  
Mechanical Contractor's Company Name  
3700 Hwy 15-501 Carthage  
Address  
23549  
License # \_\_\_\_\_

910-947-7007  
Telephone  
N/A  
Email Address

**Plumbing Contractor Information**

Description of Work hook up water/sewer # Baths 2

Heaton Construction  
Plumbing Contractor's Company Name  
309 Long Circle Roanoke NC  
Address  
29173  
License # \_\_\_\_\_

919-935-3112  
Telephone  
N/A  
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

**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

Laven Rock ~~PA~~ movers S

Sign w/Title

Bobby Suggs

Date

7/11/16

**SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON:** take hwy 27 East go approx 9 miles turn R on moore chapel ch rd  
go quarter of a miles herbert lane is on the R go to address 130 herbert lane.

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If permits are granted I agree to conform to all ordinances and laws of the State of North Carolina regulating such work and the specifications of plans submitted. I hereby state that foregoing statements are accurate and correct to the best of my knowledge. Permit subject to revocation if false information is provided.

Reneshia M Gen  
Signature of Owner or Owner's Agent

4-22-16  
Date

**\*\*\*It is the owner/applicants responsibility to provide the county with any applicable information about the subject property, including but not limited to: boundary information, house location, underground or overhead easements, etc. The county or its employees are not responsible for any incorrect or missing information that is contained within these applications.\*\*\***

**\*\*This application expires 6 months from the initial date if permits have not been issued\*\***

NAME: \_\_\_\_\_

APPLICATION #: 1650038539

**\*This application to be filled out when applying for a septic system inspection.\***

**County Health Department Application for Improvement Permit and/or Authorization to Construct**

IF THE INFORMATION IN THIS APPLICATION IS FALSIFIED, CHANGED, OR THE SITE IS ALTERED, THEN THE IMPROVEMENT PERMIT OR AUTHORIZATION TO CONSTRUCT SHALL BECOME INVALID. The permit is valid for either 60 months or without expiration depending upon documentation submitted. (Complete site plan = 60 months; Complete plat = without expiration)

910-893-7525 option 1

CONFIRMATION # \_\_\_\_\_

**Environmental Health New Septic System** Code 800

- **All property irons must be made visible.** Place "pink property flags" on each corner iron of lot. All property lines must be clearly flagged approximately every 50 feet between corners.
- Place "orange house corner flags" at each corner of the proposed structure. Also flag driveways, garages, decks, out buildings, swimming pools, etc. Place flags per site plan developed at/for Central Permitting.
- Place orange Environmental Health card in location that is easily viewed from road to assist in locating property.
- If property is thickly wooded, Environmental Health requires that you clean out the **undergrowth** to allow the soil evaluation to be performed. Inspectors should be able to walk freely around site. **Do not grade property.**
- **All lots to be addressed within 10 business days after confirmation. \$25.00 return trip fee may be incurred for failure to uncover outlet lid, mark house corners and property lines, etc. once lot confirmed ready.**
- After preparing proposed site call the voice permitting system at 910-893-7525 option 1 to schedule and use code **800** (after selecting notification permit if multiple permits exist) for Environmental Health inspection. Please note confirmation number given at end of recording for proof of request.
- Use Click2Gov or IVR to verify results. Once approved, proceed to Central Permitting for permits.

**Environmental Health Existing Tank Inspections** Code 800

- Follow above instructions for placing flags and card on property.
- Prepare for inspection by removing soil over **outlet end** of tank as diagram indicates, and lift lid straight up (*if possible*) and then **put lid back in place.** (Unless inspection is for a septic tank in a mobile home park)
- **DO NOT LEAVE LIDS OFF OF SEPTIC TANK**
- After uncovering **outlet end** call the voice permitting system at 910-893-7525 option 1 & select notification permit if multiple permits, then use code **800** for Environmental Health inspection. Please note confirmation number given at end of recording for proof of request.
- Use Click2Gov or IVR to hear results. Once approved, proceed to Central Permitting for remaining permits.

**SEPTIC**

If applying for authorization to construct please indicate desired system type(s): can be ranked in order of preference, must choose one.

- Accepted       Innovative       Conventional       Any  
 Alternative       Other \_\_\_\_\_

The applicant shall notify the local health department upon submittal of this application if any of the following apply to the property in question. If the answer is "yes", applicant **MUST ATTACH SUPPORTING DOCUMENTATION**:

- YES     NO    Does the site contain any Jurisdictional Wetlands?  
 YES     NO    Do you plan to have an irrigation system now or in the future?  
 YES     NO    Does or will the building contain any drains? Please explain. \_\_\_\_\_ **IDK**  
 YES     NO    Are there any existing wells, springs, waterlines or Wastewater Systems on this property? **IDK**  
 YES     NO    Is any wastewater going to be generated on the site other than domestic sewage?  
 YES     NO    Is the site subject to approval by any other Public Agency? **IDK**  
 YES     NO    Are there any Easements or Right of Ways on this property? **IDK**  
 YES     NO    Does the site contain any existing water, cable, phone or underground electric lines?

If yes please call No Cuts at 800-632-4949 to locate the lines. This is a free service.

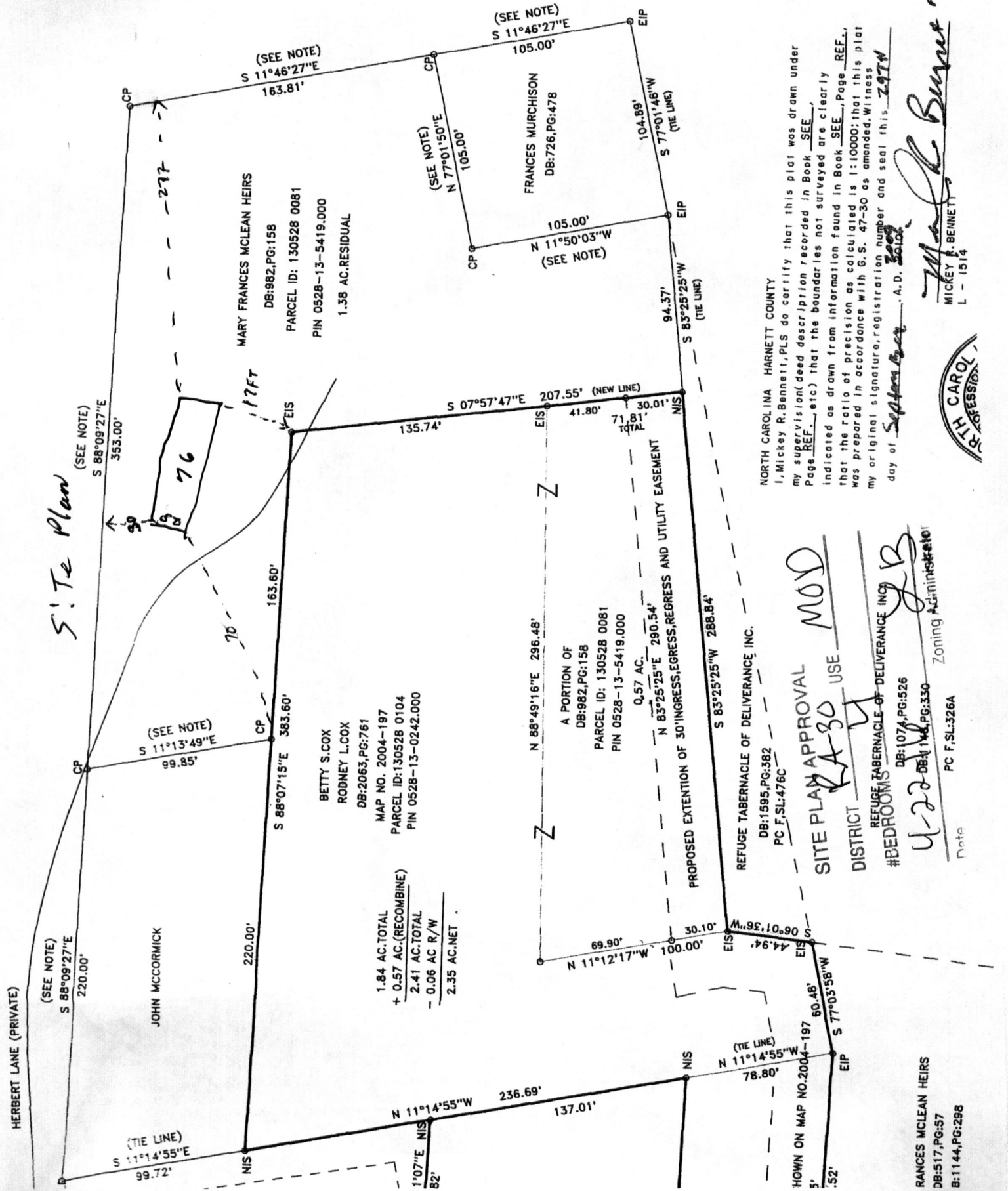
**I Have Read This Application And Certify That The Information Provided Herein Is True, Complete And Correct. Authorized County And State Officials Are Granted Right Of Entry To Conduct Necessary Inspections To Determine Compliance With Applicable Laws And Rules.**

**I Understand That I Am Solely Responsible For The Proper Identification And Labeling Of All Property Lines And Corners And Making The Site Accessible So That A Complete Site Evaluation Can Be Performed.**

Keneisha M Jean  
**PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)**

4/25/2016  
**DATE**

*SITE Plan*



NORTH CAROLINA HARNETT COUNTY  
 I, Mickey R. Bennett, PLS do certify that this plat was drawn under  
 my supervision (see description recorded in Book SEE  
 Page REF., etc) that the boundaries not surveyed are clearly  
 indicated as drawn from information found in Book SEE, Page REF.,  
 that the ratio of precision as calculated is 1:10000; that this plat  
 was prepared in accordance with G.S. 47-30 as amended. Witness  
 my original signature, registration number and seal this 29TH  
 day of September, A.D. 2004

*Mickey R. Bennett*  
 MICKEY R. BENNETT  
 L - 1514

SITE PLAN APPROVAL MOD  
 DISTRICT RA-30 USE  
 REFUGE TABERNACLE OF DELIVERANCE INC.  
 #BEDROOMS 4  
 Zoning Administrator  
 Date

BETTY S. COX  
 RODNEY L. COX  
 DB:2063, PG:761  
 MAP NO. 2004-197  
 PARCEL ID: 130528 0104  
 PIN 0528-13-0242.000

1.84 AC. TOTAL  
 + 0.57 AC. (RECOMBINE)  
 2.41 AC. TOTAL  
 - 0.06 AC. R/W  
 2.35 AC. NET

A PORTION OF  
 DB:1595, PG:382  
 PARCEL ID: 130528 0081  
 PIN 0528-13-5419.000

0.57 AC.  
 N 83°25'25"E 290.54'  
 PROPOSED EXTENSION OF 30' INGRESS, EGRESS, REGRESS AND UTILITY EASEMENT

REFUGE TABERNACLE OF DELIVERANCE INC.  
 DB:1595, PG:382  
 PC F, SL:476C

RANCES MCLEAN HEIRS  
 DB:517, PG:57  
 B:144, PG:298



# DBA COUNTRY FAIR HOMES

3335 NC 87 Highway S.  
SANFORD, NORTH CAROLINA 27332  
(919) 775-3600 • Fax: (919) 775-7533

BUYER(S) <i>Reneasha D.M. Lean</i>	PHONE <i>910-893-9730</i>	DATE <i>3/4/16</i>
ADDRESS <i>150 Herbert Ln Lillington NC 27546</i>		SALESPERSON <i>Jerry Guyton</i>
DELIVERY ADDRESS		

MAKE & MODEL <i>Champion Off Trailer 853 Modular</i>	YEAR <i>2016</i>	BEDROOMS <i>4</i>	FLOOR SIZE <i>80 W 28</i>	HITCH SIZE <i>76 W 28</i>	STOCK NUMBER
SERIAL NUMBER <i>TBD</i>	COLOR		PROPOSED DELIVERY DATE		KEY NUMBERS
<input checked="" type="checkbox"/> NEW <input type="checkbox"/> USED					

LOCATION	R-VALUE	THICKNESS	TYPE OF INSULATION	BASE PRICE OF UNIT	\$
CEILING				OPTIONAL EQUIPMENT	<i>Inc</i>
EXTERIOR					
FLOORS				SUB-TOTAL	<i>\$25,180.00</i>

THIS INSULATION INFORMATION WAS FURNISHED BY THE MANUFACTURER AND IS DISCLOSED IN COMPLIANCE WITH THE FEDERAL TRADE COMMISSION RULE 16CFR, SECTION 460.16.

OPTIONAL EQUIPMENT, LABOR AND ACCESSORIES	NON-TAXABLE ITEMS
<i>Home to be deliver +</i>	VARIOUS FEES AND INSURANCE
<i>Set up</i>	1. CASH PURCHASE PRICE <i>\$25,180.00</i>
<i>Crane</i>	TRADE-IN ALLOWANCE \$
<i>Brick foundation</i>	LESS BAL. DUE on above \$
<i>French Drain</i>	NET ALLOWANCE \$
<i>Heat pump</i>	CASH DOWN PAYMENT \$
<i>Water tap</i>	CASH AS AGREED SEE REMARKS \$
<i>Plumbing</i>	2. LESS TOTAL CREDITS \$
<i>Electrical</i>	SUB-TOTAL \$
<i>Steps</i>	SALES TAX (If Not Included Above)
<i>Doors</i>	3. Unpaid Balance of Cash Sale Price <i>\$25,180.00</i>
<i>Sheetrock</i>	
<i>Band</i>	
<i>Permits</i>	
<i>Septic</i>	
<i>Termite</i>	
<i>Water</i>	

Dealer and Buyer certify that the additional terms and conditions printed on the other side of this contract are agreed to as a part of this agreement, the same as if printed above the signatures. Buyer is purchasing the above described manufactured home; the optional equipment and accessories, the insurance as described has been voluntary; that Buyer's trade-in is free from all claims whatsoever, except as noted.

ESTIMATED RATE OF FINANCING \_\_\_\_\_ %  
NUMBER OF YEARS \_\_\_\_\_  
ESTIMATED MONTHLY PAYMENTS \$ \_\_\_\_\_

THIS AGREEMENT CONTAINS THE ENTIRE UNDERSTANDING BETWEEN DEALER AND BUYER AND NO OTHER REPRESENTATION OR INDUCEMENT, VERBAL OR WRITTEN, HAS BEEN MADE WHICH IS NOT COVERED IN THIS CONTRACT.  
BUYER(S) ACKNOWLEDGE RECEIPT OF A COPY OF THIS ORDER AND THAT BUYER(S) HAVE READ AND UNDERSTAND THE BACK OF THIS AGREEMENT.

**I UNDERSTAND THAT I HAVE THE RIGHT TO CANCEL THIS PURCHASE BEFORE MIDNIGHT OF THE THIRD BUSINESS DAY AFTER THE DATE THAT I HAVE SIGNED THIS AGREEMENT. I UNDERSTAND THAT THIS CANCELLATION MUST BE IN WRITING. IF I CANCEL THE PURCHASE AFTER THE THREE DAY PERIOD, I UNDERSTAND THAT THE DEALER MAY NOT HAVE ANY OBLIGATION TO GIVE ME BACK ALL OF THE MONEY THAT I PAID THE DEALER. I UNDERSTAND ANY CHANGE TO THE TERMS OF THE PURCHASE AGREEMENT BY THE DEALER WILL CANCEL THIS AGREEMENT.**

REMARKS:

BALANCE CARRIED TO OPTIONAL EQUIPMENT \$

**NOTE: WARRANTY AND EXCLUSIONS AND LIMITATIONS OF DAMAGES ON THE REVERSE SIDE.**

DESCRIPTION OF TRADE-IN	YEAR	SIZE
MAKE	MODEL	BEDROOMS
TITLE NO.	SERIAL NO.	COLOR

AMOUNT OWING TO WHOM

ANY DEBT BUYER OWES ON TRADE-IN IS TO BE PAID BY  DEALER     BUYER

E. J. WOMACK ENTERPRISES INC.  
DBA COUNTRY FAIR HOMES

DEALER

Not Valid Unless Signed and Accepted by an Officer of the Company or an Authorized Agent

By *[Signature]* Approved

SIGNED X *Reneasha D.M. Lean* BUYER

SOCIAL SECURITY NO. *240* / *3* / *3594*

SIGNED X \_\_\_\_\_ BUYER

SOCIAL SECURITY NO. \_\_\_\_\_

Application Number . . . . .	16-50038539	Page	2
Property Address . . . . .	61907 *UNASSIGNED	Date	7/19/16
PARCEL NUMBER . . . . .	13-0528- - -0081- - -		
Application description . . . . .	CP MODULAR HOME		
Subdivision Name . . . . .			
Property Zoning . . . . .	PENDING		

Required Inspections

Seq	Phone Insp#	Insp Code	Description	Initials	Date
Permit type . . . . LAND USE PERMIT					
999	818	Z818	PZ*ZONING INSPECTION	_____	___/___/___
999	820	Z820	PZ*ZONING/FINAL INSPECTION	_____	___/___/___
Permit type . . . . MODULAR PERMIT					
10	101	B101	R*BLDG FOOTING / TEMP SVC POLE	_____	___/___/___
20	103	B103	R*BLDG FOUND & TEMP SVC POLE	_____	___/___/___
20	814	A814	ADDRESS CONFIRMATION	_____	___/___/___
20-50	163	C163	C*BLDG FLOOR FRAMING	_____	___/___/___
30-40	119	B119	R*MOD MARRIAGE WALL	_____	___/___/___
40-50	425	R425	FOUR TRADE ROUGH IN	_____	___/___/___
40-50	125	R125	ONE TRADE ROUGH IN	_____	___/___/___
40-50	325	R325	THREE TRADE ROUGH IN	_____	___/___/___
40-50	225	R225	TWO TRADE ROUGH IN	_____	___/___/___
50-60	131	R131	ONE TRADE FINAL	_____	___/___/___
50-60	429	R429	FOUR TRADE FINAL	_____	___/___/___
50-60	329	R329	THREE TRADE FINAL	_____	___/___/___
50-60	229	R229	TWO TRADE FINAL	_____	___/___/___
999		H824	ENVIR. OPERATIONS PERMIT	_____	___/___/___
999		H828	ENVIRO. WELL PERMIT	_____	___/___/___



HARNETT COUNTY CENTRAL PERMITTING  
P.O. BOX 65  
LILLINGTON, NC 27546  
For Inspections Call: (910) 893-7525 Fax: (910) 893-2793  
Bldg Insp scheduled before 2pm available next business day.

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Application Number . . . . . 16-50038539 Date 7/19/16  
Property Address . . . . . 61907 \*UNASSIGNED  
PARCEL NUMBER . . . . . 13-0528- - -0081- - -  
Application type description CP MODULAR HOME  
Subdivision Name . . . . .  
Property Zoning . . . . . PENDING

Owner Contractor  
-----  
MURCHISON FRANCES E RAVEN ROCK MOBILE HOME MOVER  
130 HUBERT LANE 3335 NC 87 HWY.  
LILLINGTON NC 27546 SANFORD NC 27332  
(919) 775-3600

Applicant  
-----  
MCLEAN RENEASHA  
130 HERBERT LN  
LILLINGTON NC 27546  
(910) 891-9691

--- Structure Information 000 000 28X76 MOD 4BDR OFF FRAME  
Flood Zone . . . . . FLOOD ZONE X  
Other struct info . . . . . # BEDROOMS 4.00  
SEPTIC - EXISTING? NEW SEPTIC  
WATER SUPPLY COUNTY

-----  
Permit . . . . . LAND USE PERMIT  
Additional desc . . . . .  
Phone Access Code 1148402  
Issue Date . . . . . 7/19/16 Valuation . . . . . 0  
Expiration Date . . . . . 1/15/17

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Permit . . . . . MODULAR PERMIT  
Additional desc . . . . .  
Phone Access Code 1148394  
Issue Date . . . . . 7/19/16 Valuation . . . . . 0  
Expiration Date . . . . . 7/19/17

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Special Notes and Comments  
T/S: 04/22/2016 12:37 PM LBENNETT --  
TAKE HWY 27 EAST GO APPROX 9 MILES TURN  
RIGHT ON MOORE CHAPEL CHURCH RD - GO  
QUARTER MILE HERBERT LN IS ON THE  
RIGHT - GO TO THE ADDRESS 130 HERBERT

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





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. LSM0908369

**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: Wendy Holder 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 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: July 18, 2016

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 18th day of July, 2016.

ATTEST:

Cherie L. Montgomery  
 Cherie L. Montgomery Assistant Secretary



Barton W. Davis  
 Barton W. Davis Vice President

On this 18th day of July, 2016 before me, a Notary Public, personally appeared Barton W. Davis and Cherie L. Montgomery, 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

