

Initial Application Date: 9/27/16

Application # 1650039833

4

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: Thomas Womble Mailing Address: 385 AC Morrison Rd
City: Lillington State: NC Zip: 27546 Contact No: 910 890 1010 Email: SBullard@LibertyFire.com

APPLICANT: Thomas Womble Mailing Address: 385 AC Morrison Rd
City: Lillington State: NC Zip: 27546 Contact No: 910 890 1010 Email: Thomble@LibertyFire.com
*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: Thomas A Womble Phone # 910 890 1010

PROPERTY LOCATION: Subdivision: Brian W. Thomas Lot #: 2 Lot Size: 1.38 AC
State Road #: _____ State Road Name: Adcock Rd Map Book & Page: 2012553

Parcel: 13 0519 0120 11 PIN: 0519-55-2893-000
Zoning: RABO Flood Zone: X Watershed: MA Deed Book & Page: 3340, 506 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 60) # Bedrooms 3 # Baths 2 Basement (w/wo bath) _____ Garage: _____ Site Built Deck: _____ On Frame _____ Off Frame _____
(Is the second floor finished? () yes (X) 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: 0 Manufactured Homes: _____ Other (specify): _____

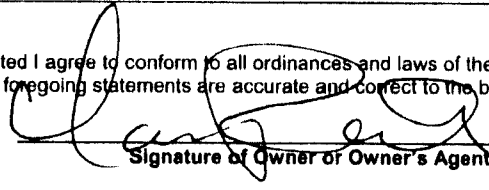
Required Residential Property Line Setbacks:

Front Minimum _____ Actual 65 ft
 Rear _____ 82 ft
 Closest Side _____ 78 ft
 Sidestreet/corner lot _____
 Nearest Building on same lot _____

Comments: _____

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: Old US 421 Approx
9 miles Adcock Rd on (R) go Approx
4 miles property to the Right.

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.


Signature of Owner or Owner's Agent

9/26/14
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 #: _____

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. _____
- YES NO Are there any existing wells, springs, waterlines or Wastewater Systems on this property?
- 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?
- YES NO Are there any Easements or Right of Ways on this property?
- 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.

PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

9/12/16
DATE

Plan Box # File

Date _____

Job Name Wamble

App # 39833

Valuation \$153600

SQ Feet 1600

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 _____

Other _____

Additions / Other

Footing ✓

Foundation ✓

Slab _____

Mono _____

Open Floor _____

Rough In ✓

Insulation _____

Final ✓

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 Thomas Wamble Date 10/24/16
Site Address 2335 Adcock Rd Phone _____
Directions to job site from Lillington _____

Subdivision _____ Lot _____
Description of Proposed Work CFR Frame remodel # of Bedrooms _____
Heated SF _____ Unheated SF _____ Finished Bonus Room? _____ Crawl Space _____ Slab _____

General Contractor Information

Raven Rock MH Movers 919-775-3600
Building Contractor's Company Name Telephone
3335 NC Hwy 87 S Sanford N/A
Address Email Address
3400
License # _____

Electrical Contractor Information

* Description of Work Install service to feed in-law Service Size 200 Amps 1-Pole Yes No
Wicker Electric, Inc. Telephone (919) 770-0472
Electrical Contractor's Company Name
454 Vonnick Lake Cir Sanford, NC 775 30
Address Email Address
10908L
License # _____

Mechanical/HVAC Contractor Information

Description of Work Install Heat Pump
Carolina Air Inc. 910-907-7707
Mechanical Contractor's Company Name Telephone
3100 Hwy 15-501 Charlotte N/A
Address Email Address
435419
License # _____

Plumbing Contractor Information

Description of Work Hook up Water Sewer # Baths 2
Thomas Wamble Telephone 910-890-1010
Plumbing Contractor's Company Name
2335 Adcock Rd N/A
Address Email Address
Self
License # _____

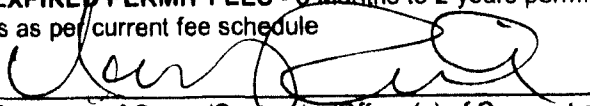
Insulation Contractor Information

Insulation Contractor's Company Name & Address N/A 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

10/24/16
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

Raven Rock MHI Movers
Baley Dyggs Date 10/24/16

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

LSM0935389

WE, EJ Womack DBA Raven Rock Mobile Home Movers
as principal, located at 3335 NC HWY 87 Sanford, NC 27332
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 2335 Adcock Rd
City Lillington, 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.

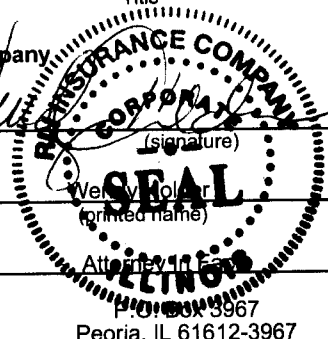
In Witness Whereof, the above bounden parties have executed this instrument under their several seals, this the 20th day of October, 2016, the name and corporate seal of each corporate party being hereto affixed and these presents duly signed to be its undersigned representative, pursuant to authority of its governing body.

EJ Womack DBA Raven Rock Mobile Home Movers

[Signature]
Signature of Principal
President
Title

RLI Insurance Company

Surety by [Signature]
(signature)
Wendy Collier
(printed name)
Title _____
Address Peoria, IL 61612-3967



N.C. Resident Agent Bowen Insurance Agency, Inc.
300 Carthage St.
Sanford, NC 27330
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. LSM0935389

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: October 20, 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 20th day of October, 2016.

ATTEST:

Cherie L. Montgomery
 Cherie L. Montgomery Assistant Secretary



Barton W. Davis
 Barton W. Davis Vice President

On this 20th day of October, 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



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.

Application Number 16-50039833 Date 10/24/16
Property Address 2335 ADCOCK RD
PARCEL NUMBER 13-0519- - -0120- -11-
Application type description CP MODULAR HOME
Subdivision Name HUGH MICHAEL RAY
Property Zoning RES/AGRI DIST - RA-30

Owner

WOMBLE THOMAS A
1616 MCKOY TOWN RD
CAMERON NC 28326

Contractor

RAVEN ROCK MOBILE HOME MOVER
3335 NC 87 HWY.
SANFORD NC 27332
(919) 775-3600

Applicant

WOMBLE THOMAS
385 AC MORRISON RD
LILLINGTON NC 27546
(910) 890-1010

--- Structure Information 000 000 28X60 3BDR MOD
Flood Zone FLOOD ZONE X
Other struct info # BEDROOMS 3.00
SEPTIC - EXISTING? EXT TANK
WATER SUPPLY COUNTY

Permit LAND USE PERMIT

Additional desc . .
Phone Access Code . 1163542
Issue Date 10/24/16 Valuation 0
Expiration Date . . 4/22/17

Permit MODULAR PERMIT

Additional desc . .
Phone Access Code . 1161579
Issue Date 10/24/16 Valuation 0
Expiration Date . . 10/24/17

Special Notes and Comments

T/S: 09/27/2016 10:56 AM JBROCK ----
ADCOCK RD

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.

	Page 2
	Date 10/24/16
Application Number	16-50039833
Property Address	2335 ADCOCK RD
PARCEL NUMBER	13-0519- - -0120- -11-
Application description	CP MODULAR HOME
Subdivision Name	HUGH MICHAEL RAY
Property Zoning	RES/AGRI DIST - RA-30

Required Inspections

Seq	Phone Insp#	Insp Code	Description	Initials	Date
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	_____	___/___/___
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	_____	___/___/___

Plan Box # File

Date _____

Job Name Wamble

App # 39833

Valuation ^{\$} 153600

SQ Feet 1600

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 _____

Other _____

Additions / Other

Footing

Foundation

Slab _____

Mono _____

Open Floor _____

Rough In

Insulation _____

Final