* Each section below to be filled out by whomever performing work. Must be owner or licensed contractor. Address, company name & phone must match information on license

Application # 06 560 15 8 96

Harnett County Central Permitting PO Box 65 Lillington, NC 27546

Telephone Number 910-893-7525 www.harnett.org

Application for Building and Trade Permit

CUSTAM HOMES LCC Date: /0/12/06 Owner's Name: 15 Phone: (919) 946-3662 Address: 1508 Musena P. Directions to job site from Lillington: #WY 401 N MILE ON LEFT PAST PINEY URUNE - BANLS Rd. LOTON BILHT SHESMAN PINES Building Use: (Please Check) Construction Type: (Please Check) __ Moved House __ Commercial Residential New Modular Renovation Other Multi-Family Addition Total Project Cost: 260,000 Description of Proposed Work: NEW Home Const **General Contractor Information** Heated SF 2761 Crawl Space () Building Construction Cost \$ 210,000 Acres Disturbed 1547 Unheated SF 470 Slab () Stories 2 NC CUSTOM HUMES **Building Contractor's Company Name** Address Signature of Owner/Contractor/Officer(s) of Corporation - Must sign back of form & workers comp **Electrical Permit Information** Description of Work BOULK IN + FIN ISH AES Electrical Cost \$_ TS Pole: Yes () No () Underground (Overheard () Service Size: 200 Amps Permanent Service: Underground (Overhead () CLASSEY ENTERPRISES **Electrical Contractor's Company Name** 5929 FORD LAND OR. BALKIGH. Address Signature of Officer(s) of Corporation **Mechanical Permit Information** Description of Work ROUblin & Finish Number of Units 2 Type System HP Mechanical Cost \$ Mechanical Contractor's Company Name 126 Signature of Officer(s) of Corporation **Plumbing Permit Information** Description of Work ROULY IN & FINISIZ BESIDENTIAL Number of Baths 2 4 Plumbing Cost \$ 639-0195 WIN PLUMBING CO. INC Plumbing Contractor's Company Name P.O.BOX 1239, ANGIER NC 27501 Address Signature of Officer(s) of Corporation Insulation Permit Information Residential (Y) Other () Not Required () NSULATING INC., 5902 FAYETTEVILLE RO Insulation Contractor's Company Name & Address & A ALEIGH, NC Page 1 of 3 8/06

Application # 06 500 15 8 96

Affidavit for Worker's Compensation N.C.G.S. 87-14

The undersign	ed applicant for Building Permit #being the:
	General Contractor Owner Officer/Agent of the Contractor or Owner
	nfirm under penalties of perjury that the person(s), firm(s) or corporation(s) performing orth in the permit:
	Has/have three (3) or more employees and has/have obtained workers' compensation insurance to cover them.
	Has/have one (1) or more subcontractors(s) and has/have obtained workers' compensation insurance to cover them.
	Has/have one (1) or more subcontractors(s) who has/have their own policy of workers' compensation insurance covering themselves.
	Has/have not more than two (2) employees and no subcontractors.
Department is insurance prior	on the project for which this permit is sought it is understood that the Central Permitting ssuing the permit may require certificates of coverage of worker's compensation or to issuance of the permit and at any time during the permitted work from any person, ation carrying out the work.
Firm Name:	NC CUSTOM HOMES, ICC
Sign/Title:	Lat 5 D-, Manager
Data:	10/23/06



October 16, 2006

TRAVELERS INDEMNITY COMPANY INDUSTRY AFFAIRS WC UNIT P O BOX 3556 Orlando, FL 32802

RE: NC CUSTOM HOMES, LLC Combo ID: 6166575 Coverage Group ID: 21686090

In accordance with the provisions of North Carolina General Statute 58-36-1, Workers Compensation Insurance coverage for the captioned applicant employer has been bound with your company effective 10/14/06.

Attached are a copy of the the Application for Workers Compensation Insurance and a check in payment of the estimated annual or deposit premium. On the basis of information contained on the application form and other information available to us, we have calculated the estimated annual premium as follows:

Class Code	Payroll	Rate	Premium
5645	\$0	20.03	\$0
	Total Man	ual Premium:	\$0
	its of Employer Liab to Increased Limits	oility Factor (0):	\$0
Liability:			\$0
Total Subject Premium:			\$0
Experience Modification (1.00):			\$0
Total Modified Premium:			\$0
ARAP Surcharge (1.00):			\$0
Charge for Non-ratable Element:			\$0
Balance To Minimum Premium:			\$640
Total Standard Premium:			\$640
Expense Constant:			\$210
	Foreign Terro		\$0
Domestic Terrorism Charge: Estimated Annual Premium:			\$0
			\$850
		remium Check:	\$850

Please issue a standard Workers Compensation and Employers Liability Insurance policy effective 12:01 A.M., on the designated coverage effective date. A copy of the policy must be forwarded to this Bureau in the usual manner.

06.500 15896

Two Trade Final > 2500

One Trade Final > 2500

Envir. Operations Permit

One Trade Final

Required Inspections for SFA/SFD Appl# Valuation Sq. Ft Seq Seq 60 R*Bldg Footing 10 R*Elec Temp Service Pole 60 10-30 60 R*Bldg Foundation 20 Address Confirmation 999 20 R*Open Floor 30-999 R*Bldg Slab Insp 30-999 R*Elec Under Slab 30-999 R*Plumb under Slab 30-999 R*Bldg Water/Damp Proofing 30-999 40 Four Trade Rough In Four Trade Rough In > 2500 40 Three Trade Rough In 40 Three Trade Rough In > 2500 40 Two Trade Rough In 40 Two Trade Rough In > 2500 40 40 One Trade Rough In One Trade Rough in > 2500 40 R*Insulation Inspection 50 Four Trade Final 60 Four Trade Final > 2500 60 Three Trade Final 60 Three Trade Final > 2500 60

Two Trade Final

60