

Initial Application Date: 11-3-14

Application # 14500 34867
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: Andrew & Kimberly Carson Mailing Address: 7501 Battle Bridge Road
City: Raleigh State: NC Zip: 27610 Contact No: 910-810-0236 Email: kcarson86@yahoo.com

APPLICANT*: Red Door Homes of Fayetteville, LLC Mailing Address: 4002 Fayetteville Road
City: Raeferd State: NC Zip: 28376 Contact No: 910-672-8900 Email: brittany@reddoorhomesnc.com
*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: Brittany Thomas Phone # 910-672-8900

PROPERTY LOCATION: Subdivision: _____ Lot #: 3 Lot Size: 435220sf
State Road # _____ State Road Name: _____ Map Book & Page: 99, 456
Parcel: 060596 0105 PIN: 0595-97-2048.000 F 732-A
Zoning: RA-30 Flood Zone: K Watershed: NA Deed Book & Page: 3199, 19 Power Company*: _____

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

PROPOSED USE:

SFD: (Size 42 x 40.4) # Bedrooms: 4 # Baths: 2.5 Basement(w/wo bath): _____ Garage: Deck: _____ Crawl Space: Slab: _____ Monolithic Slab: _____
(Is the bonus room finished? () yes () no w/ a closet? () yes () no (if yes add in with # bedrooms)

Mod: (Size _____ x _____) # Bedrooms _____ # Baths _____ 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: 1 Manufactured Homes: _____ Other (specify): _____

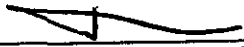
Required Residential Property Line Setbacks:

| | Minimum | Actual |
|------------------------------|---------|--------|
| Front | 35 | 35 |
| Rear | 25 | 25 |
| Closest Side | 10 | 10 |
| Sidestreet/corner lot | 20 | 20 |
| Nearest Building on same lot | 6 | n/a |

Comments: _____

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: North on S. Main Street toward E Harnett Street; Turn Right onto
NC-27 E/US-421 S.; Turn Right onto N 13th Street; Slight left onto Erwin City Street/Iris Bryant Road; Continue onto NC-82 E/Antioch
Church Rd; Turn left onto Battlefield Lane

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

10/30/14
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****



VICINITY MAP
 (Not to Scale)

I hereby certify that this map is correct and that the building lines wholly on the lot and that there are no visible encroachments on said lot.

PRELIMINARY

Steven P. Carson, PLS 4752
 Date _____

This map is of an existing parcel of land and is only intended for the parties and purposes shown. This map not for recordation. No title report provided.

APPROVAL FOR STAKING:
 THIS PLAN WAS PREPARED BY BATEMAN CIVIL SURVEY CO. IS CORRECT AND IS HEREBY APPROVED FOR STAKING ON THE DATE AS SHOWN BELOW.

BUILDER REPRESENTATIVE _____ DATE _____

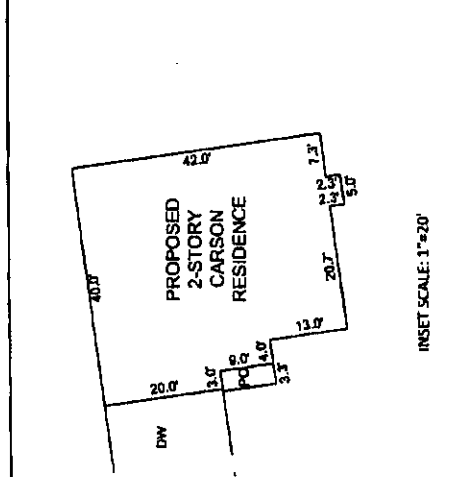
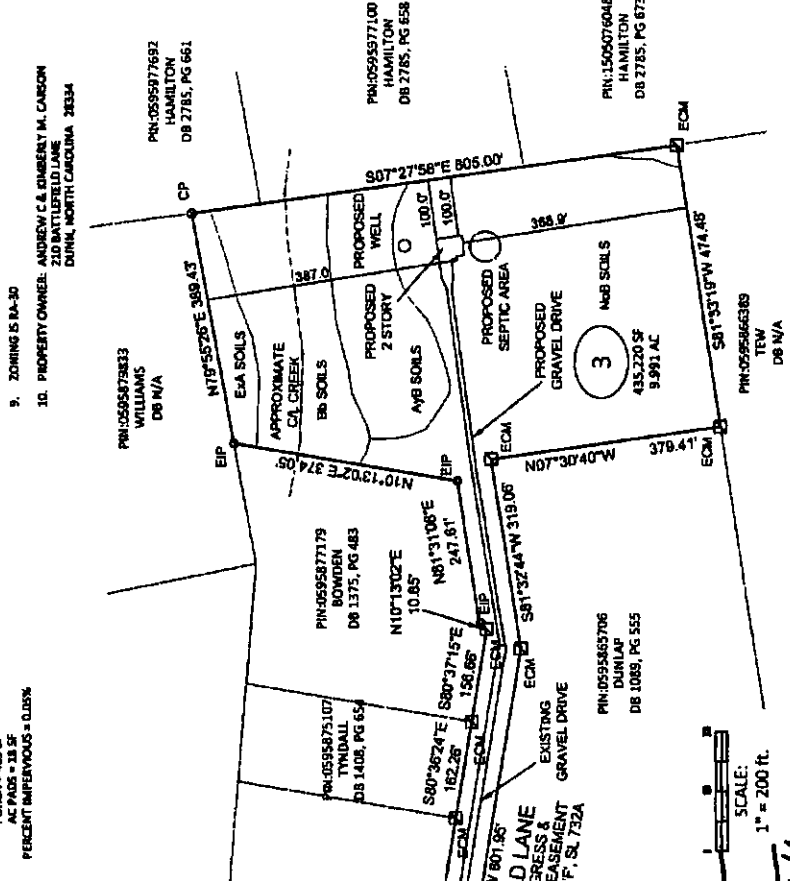
PRELIMINARY PLOT PLAN - LOT 3
 FOR
ANDREW C. & KIMBERLY M. CARSON

D & S INDUSTRIES, INC. - LOT 3
 210 BATTLEFIELD LANE, DUNN, NC, 28334
 DUKE TOWNSHIP, HARNETT COUNTY

DATE: 2/27/14 DRAWN BY: JCH CHECKED BY: SPC
 REFERENCE: PC-F, SL-732A SCALE: 1"=200'

- NOTES:**
1. THIS SURVEY WAS PREPARED BY BATEMAN CIVIL SURVEY CO., UNDER THE SUPERVISION OF STEVEN P. CARSON, PLS.
 2. THIS PLAN HAS BEEN PREPARED FOR LAYOUT AND PERMITTING PURPOSES ONLY.
 3. THIS IS NOT A BOUNDARY SURVEY. PROPERTY LINES SHOWN WERE TAKEN FROM EXISTING FIELD EVIDENCE, EXISTING DEEDS AND PLATS OF PUBLIC RECORD, AND INFORMATION SUPPLIED TO THE SURVEYOR BY THE CLIENT.
 4. VERTICAL DATUM IS ASSUMED. THE LATITUDE, LONGITUDE AND STATE PLANE COORDINATES, IF SHOWN, ARE GIVEN IN NORTH AMERICAN DATUM OF 1983 (NAD83).
 5. FIELD EQUIPMENT USED: MICHON TOTAL STATION, EPOCH 33.
 6. ALL DISTANCES ARE HORIZONTAL, CORROUND DISTANCES AND ALL BEARINGS ARE NORTH CAROLINA STATE PLANE COORDINATE SYSTEM UNLESS OTHERWISE SHOWN.
 7. THIS MAP IS NOT A CERTIFIED SURVEY AND HAS NOT BEEN REVIEWED BY A LOCAL GOVERNMENT AGENCY FOR COMPLIANCE WITH ANY APPLICABLE LAND DEVELOPMENT REGULATIONS.
 8. THE PROPERTY LINES IN TONS 17 & 18 NATIONAL FLOOD INSURANCE PROGRAM FLOOD INSURANCE RATE MAP NUMBER 377026400K, DATED JANUARY 3, 2007.
 9. ZONING IS RA-30
 10. PROPERTY OWNER: ANDREW C. & KIMBERLY M. CARSON 210 BATTLEFIELD LANE DUNN, NORTH CAROLINA 28334

- LOT INFORMATION:**
- LOT 03
 OR 1400, PG 19
 PIN: 0595872046
- ADDRESS: 210 BATTLEFIELD LANE, DUNN, NC, 28334
 TOTAL LOT AREA = 8,591 AC = 435,230 SF
 PROPOSED IMPERVIOUS = 2,397 SF
 HOUSE = 1,810 SF
 PORCH = 469 SF
 AC PADS = 38 SF
 PERCENT IMPERVIOUS = 0.35%



SITE PLAN APPROVAL SPD
 DISTRICT RA-30 USE
 #BEDROOMS 4

11-3-14 V.C. [Signature]
 Zoning Administrator



NAME: Red Door Homes (Carson)

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)

10/30/14

DATE

Harnett County Department of Public Health

Well Construction Permit Application

If the information in the application for a Well Construction Permit is *falsified, changed, or the site is altered*, then the Well Construction Permit shall become invalid.

APPLICANT INFORMATION

Red Door Homes of Fayetteville, LLC

(910) 672-8900

Applicant/Owner

Phone Number

4002 Fayetteville Road, Raeford NC 28376

Street Address, City, State, Zip Code

The Applicant must submit a Site Plan. The Site Plan is a map/drawing of the property and must show:

1. existing and/or proposed property lines and easements with dimensions;
2. the location of the facility and appurtenance;
3. the location for the proposed well;
4. the location of existing or proposed sewer lines and/or sewage disposal systems within 100 feet of the proposed well;
5. the location of any existing wells within 100 feet of the property; surface water bodies;
6. above ground and/or underground storage tanks;
7. and any other known sources of contamination within 100 feet of the proposed well site.

The Applicant shall notify the Harnett County Health Director through or by way of the Harnett County Division of Environmental Health if any of the following occur prior to well construction:

1. there is a relocation of the proposed facility;
2. there is a change in the intended use of the facility;
3. there is a need for installing the waste water system in an area other than indicated on the well permit; or
4. there are landscape changed that affect site drainage.

Contact information: Environmental Health Division - 910-893-7547

PROPERTY INFORMATION

Proposed use of well

Single-Family Multifamily Church Restaurant Business Irrigation

Street Address 210 Battlefield Lane

Subdivision/Lot #3

Parcel # 060596 0105

PIN # 0595-97-2048.00

Directions to the Site

North on S. Main Street toward E Harnett Street; Turn Right onto NC-27 E/US-421 S.; Turn Right onto N 13th Street;

Slight left onto Erwin City Street/Iris Bryant Road; Continue onto NC-82 E/Antioch Church Rd; Turn left onto Battlefield Lane

I have thoroughly read and completed this Application and certify that the information provided herein is true, complete and correct to the best of my knowledge and is given in good faith. Representatives of the Harnett County Health Department and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable rules.

I understand that I am solely responsible for the proper identification and labeling of all property lines, underground utility lines, and making the site accessible so that a well can be properly constructed according to the permit.

Property Owner's or Owner's Legal Representative Signature Required

Date

10/30/14

FOR REGISTRATION
Kimberly S. Hargrove
REGISTER OF DEEDS
Harnett County, NC
2014 MAR 14 11:38:24 AM
BK: 3199 PG: 19-21
FEE: \$28.00
EXCISE TAX: \$78.00
INSTRUMENT # 2014003168
TWESTER

HARNETT COUNTY TAX ID#

De. 0596. 0165

314.14 BY JS



**NORTH CAROLINA
GENERAL WARRANTY DEED**

Excise Tax: 78.00

Recording Time, Book and Page

Tax Map No.

Parcel Identifier No. 0013451

Mail after recording to: LYNDA R HERRING, PA, 500 BENSON ROAD, STE. 103, GARNER, NC 27529

This instrument was prepared by: LYNDA R HERRING, PA

THIS DEED made this 13TH day of MARCH, 2014 by and between

GRANTOR

KAREN H CAIN
(FORMERLY KNOWN AS KAREN C HILDERBRAND)
AND SPOUSE,
WILLIAM JAMES CAIN
2241 PRIDGEBON FARM ROAD
FAYETTEVILLE NC 28306

GRANTEE

ANDREW CHRISTOPHER CARSON
AND SPOUSE,
KIMBERLY M CARSON
7501 BATTLEBRIDGE ROAD
RALEIGH, NC 27610

The designation Grantor and Grantee as used herein shall include said parties, their heirs, successors, and assigns, and shall include singular, plural, masculine, feminine or neuter as required by context.

WITNESSETH, that the Grantor, for a valuable consideration paid by the Grantee, the receipt of which is hereby acknowledged, has and by these presents does grant, bargain, sell and convey unto the Grantee in fee simple, all that certain lot or parcel of land situated in HARNETT County, North Carolina, and more particularly described as follows:

BEING all of that tract containing 11.9915 acres, designated as Lot 3 on that survey for D & S Industries, dated 2/14/1997, prepared by Godwin-Jordan-Tew & Associates, P.A., Engineering, Surveying & Planning, being recorded in Plat Cabinet F, Slide 732-A, Harnett County Registry.

Less and except Lot 2A, containing 1 acre, more or less, as recorded in Plat Cabinet 99, Slide 145, Harnett County Registry. See also Deed Book 1337, Page 990, Harnett County Registry.

Less and except Lot 2B, containing 1 acre, more or less, as recorded in Plat Cabinet 99, Slide 456, Harnett County Registry. See also Deed 1375, Page 483, Harnett County Registry.

This property has street address 210 Battlefield Lane, Dunn, North Carolina 28334

See Book 2541, Page 127, Harnett County Registry. See also Book 2541, Page 124; Book 1337, Page 990 and Book 1375, Page 483, all of the Harnett County Registry.

All or a portion of the property hereinabove described was acquired by Grantor by instrument recorded in Book 2541, Page 127, HARNETT County Registry.

A map showing the above described property is recorded in Plat Book _____, Page _____, and referenced within this instrument.

The above described property does does not include the primary residence of the Grantor.

TO HAVE AND TO HOLD the aforesaid lot or parcel of land and all privileges and appurtenances thereto belonging to the Grantee in fee simple.

And the Grantor covenants with the Grantee, that Grantor is seized of the premises in fee simple, has the right to convey the same in fee simple, that title is marketable and free and clear of all encumbrances, and that Grantor will warrant and defend the title against the lawful claims of all persons whomsoever except for the exceptions hereinafter stated.

Title to the property hereinabove described is subject to the following exceptions:

EASEMENTS, RESTRICTIONS, AND RIGHTS OF WAY OF RECORD AND UTILITY LINES AND RIGHTS OF WAY IN EXISTENCE OVER, UNDER, AND UPON THE ABOVE DESCRIBED PROPERTY. SUBJECT ALSO TO 2014 AD VALOREM TAXES IN REFERENCE OT THE PROPERTY DESCRIBED HEREIN.

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 Andrew and Kimberly Carson Date _____

Site Address 210 Battlefield Lane Phone 910-810-0236

Directions to job site from Lillington North on S. Main St. toward E Harnett St.; Right onto NC-27E/US-421 S. Right Onto N 13th Street; Right Onto N 13th Street; Slight left onto Erwin City St./Iris Bryant Rd.; Continue Onto NC-82E/Antioch Church Rd.; Turn Left onto Battlefield Lane

Subdivision _____ Lot 3

Description of Proposed Work Construction of new residence on lot # of Bedrooms 4

Heated SF 2587 Unheated SF 433 Finished Bonus Room? no Crawl Space X Slab _____

General Contractor Information

Red Door Homes of Fayetteville, LLC 910-672-8900

Building Contractor's Company Name 4002 Fayetteville Road, Raeford NC 28376 Telephone brittany@reddoorhomesnc.com

Address 69945 Email Address _____

License # _____

Electrical Contractor Information

Description of Work Rough-In & Final New Home Service Size 200 Amps T-Pole Yes No
Sandy Ridge Electric Inc 910-323-2458

Electrical Contractor's Company Name 454 Whitehead Road, Fayetteville NC Telephone orders@sandyridgeelectric.com

Address 100064 Email Address _____

License # _____

Mechanical/HVAC Contractor Information

Description of Work Rough-In & Final New Home
Carolina Comfort Air, Inc 910-550-7711

Mechanical Contractor's Company Name 5212 US Hwy 70 Bus W, Clayton NC Telephone _____

Address 29077 H-I Email Address _____

License # _____

Plumbing Contractor Information

Description of Work Slab, Rough-In, & Final New Home # Baths 2.5
Vance Johnson Plumbing, Inc 910-424-6712

Plumbing Contractor's Company Name 3242 Mid Pine Drive, Fayetteville NC Telephone _____

Address 07756 Pl Email Address _____

License # _____

Insulation Contractor Information

All Pro Insulation 360 Wolfpack Lane 919-554-9004

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

10/24/14

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 Red Door Homes of Fayetteville, LLC

Sign w/Title _____

Date 10/24/2014



CERTIFICATE OF LIABILITY INSURANCE

REDDO-1

OP ID: DW

DATE (MM/DD/YYYY)

09/04/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

| | | |
|---|---|------------------------------------|
| PRODUCER Sean S. Fincher, Inc. Ramsey Street Office 465 Ramsey Street Fayetteville, NC 28301 Donna West | CONTACT NAME: Donna West PHONE (A/C No. Ext): 910-483-3027 E-MAIL ADDRESS: westd8@nationwide.com | FAX (A/C No.): 910-483-2984 |
| | INSURER(S) AFFORDING COVERAGE | |
| INSURED Red Door Homes of Fayetteville 4002 Fayetteville Road Raeford, NC 28376 | INSURER A: Builders Mutual Insurance Co | |
| | INSURER B: | |
| | INSURER C: | |
| | INSURER D: | |
| | INSURER E: | |
| | INSURER F: | |

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INBR LTR | TYPE OF INSURANCE | ADDL/SUBR INSR / WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|--|---|---------------|-------------------------|-------------------------|--|
| | GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | | | | | EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$ |
| | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS | | | | | COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (PER ACCIDENT) \$ \$ |
| | <input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$ | | | | | EACH OCCURRENCE \$ AGGREGATE \$ \$ |
| A | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | Y/N <input checked="" type="checkbox"/> Y <input type="checkbox"/> N/A | WCP100539304 | 08/11/2014 | 08/11/2015 | <input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000 |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER**CANCELLATION**

| | |
|---|--|
| FORINFO FOR INFORMATION PURPOSE ONLY | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE Donna West |
|---|--|

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CERTIFICATE OF INSURANCE

The insurance Company indicated below certifies that the Insurance afforded by the policy numbered and described below is in force as the effective date of this certificate. This Certificate of Insurance does not amend, extend or otherwise alter the Terms and Conditions of Insurance coverage contained in any policy or policies numbered and described below.

Certificate Holder's Name and Address:
For Information Purpose Only

Insured's Name and Address:
**RedDoor Homes of Fayetteville, LLC
 4002 Fayetteville Road
 Raeford, NC 28376**


| TYPE OF INSURANCE | POLICY NUMBER AND ISSUING COMPANY | POLICY EFFECTIVE DATE | POLICY EXPIRATION DATE | LIMITS OF LIABILITY (*Limits at Inception) | | | | | | | | | |
|---|---|----------------------------------|------------------------|--|------------------------------|----|----------------------------------|-----------------------------|----|---------------|-----------------------------|----|--------------|
| GENERAL LIABILITY <input checked="" type="checkbox"/> Premises - Operations <input checked="" type="checkbox"/> Products - Completed Operations <input checked="" type="checkbox"/> Personal & Advertising Injury <input checked="" type="checkbox"/> Medical Expense <input checked="" type="checkbox"/> Fire Damage Legal <input type="checkbox"/> Other Liability <input type="checkbox"/> Garage Liability - Premises | ACP GLO 2244629923 NATIONWIDE Mutual INSURANCE COMPANY | 8/5/14 | 8/5/15 | General Aggregate* \$ 2,000,000 Pr. Comp. OP. Agg.* \$ 2,000,000 Each Occurrence \$ 1,000,000 Any One Person/Org. \$ 1,000,000 Any One Person \$ 5,000 Any One Fire \$ 100,000 Each Accident Aggregate* | | | | | | | | | |
| AUTOMOBILE LIABILITY # <input checked="" type="checkbox"/> Business Auto <input type="checkbox"/> Garage <input type="checkbox"/> Owned <input type="checkbox"/> Hired <input checked="" type="checkbox"/> Non-Owned # Fill-in either Combined Single Limits or Split Limits | ACP 2244629923 NATIONWIDE Mutual INSURANCE COMPANY | 8/5/14 | 8/5/15 | Bodily Injury (Each Person) \$ (Each Accident) \$ Property Damage (Each Accident) \$ Combined Single Limit \$ 1,000,000 | | | | | | | | | |
| <input type="checkbox"/> EXCESS LIABILITY Umbrella Form | NATIONWIDE INSURANCE COMPANY | | | Each Occurrence \$ Aggregate* \$ | | | | | | | | | |
| <input type="checkbox"/> Workers Compensation and <input type="checkbox"/> Employers' Liability | NATIONWIDE INSURANCE COMPANY | | | <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: right;">Bodily Injury by Accident</td> <td style="text-align: center;">\$</td> <td style="text-align: right;">Statutory Limits Ea. Accident</td> </tr> <tr> <td style="text-align: right;">Bodily Injury by Disease</td> <td style="text-align: center;">\$</td> <td style="text-align: right;">Each Employee</td> </tr> <tr> <td style="text-align: right;">Bodily Injury by Disease</td> <td style="text-align: center;">\$</td> <td style="text-align: right;">Policy Limit</td> </tr> </table> | Bodily Injury by Accident | \$ | Statutory Limits Ea. Accident | Bodily Injury by Disease | \$ | Each Employee | Bodily Injury by Disease | \$ | Policy Limit |
| Bodily Injury by Accident | \$ | Statutory Limits Ea. Accident | | | | | | | | | | | |
| Bodily Injury by Disease | \$ | Each Employee | | | | | | | | | | | |
| Bodily Injury by Disease | \$ | Policy Limit | | | | | | | | | | | |

Insurance in force only for hazards indicated by X.

Description of
 Operations/Locations/
 Vehicles/Restrictions/
 Special Item

Date Certificate Issued: 9/4/2014

Authorized Representative:
 Countersigned at:


 Pamela Bowden (910) 463-3027
 465 Ramsey Street, Fayetteville, NC

CERTIFICATE OF LIABILITY INSURANCE

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

| | | | |
|---|--|---|--|
| PRODUCER Independent Insurance Group 921 S. McPherson Church Road Fayetteville NC 28303 | | CONTACT NAME: Commercial PHONE (A/C No. Ext.): (910) 867-9500 FAX (A/C No.): (910) 867-9292 E-MAIL ADDRESS: | |
| INSURED Vance Johnson Plumbing Co., Inc. 3242 Mid Pine Drive Fayetteville NC 28306-9337 | | INSURER(S) AFFORDING COVERAGE INSURER A: Builders Mutual NAIC # 10844 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F: | |

COVERAGES **CERTIFICATE NUMBER:** 14/15 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE | ADDITIONAL INSURANCE | SUBSCRIPTION | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|--|---|---|------------------------------|-------------------------|-------------------------|---|
| A | GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR | | | PCP000139003 PCP000139003 | 1/1/2014 2/1/2014 | 2/1/2014 2/1/2015 | EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC | | | | | | |
| A | AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS | <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS | | PCA000446503 PCA000446503 | 1/1/2014 2/1/2014 | 2/1/2014 2/1/2015 | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ UM/UIM - CSL - BI and PD \$ 1,000,000 |
| | A | <input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB | <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE | UMB001638703 UMB001638703 | 1/1/2014 2/1/2014 | 2/1/2014 2/1/2015 | EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 |
| A | WORKERS-COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | <input type="checkbox"/> Y <input type="checkbox"/> N | N/A | PWC100133703 PWC100133703 | 1/1/2014 2/1/2014 | 2/1/2014 2/1/2015 | <input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000 |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

| | |
|--|---|
| CERTIFICATE HOLDER Red Door Homes 4002 Fayetteville Rd Raeford, NC 28376 | CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. |
| | AUTHORIZED REPRESENTATIVE Ruth Read/RUTH <i>Ruth E. Read</i> |



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/6/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

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| | | |
|--|--|--------------------------------------|
| PRODUCER Independent Insurance Group 921 S. McPherson Church Road Fayetteville NC 28303 | CONTACT NAME: Commercial | |
| | PHONE (A/C No. Ext): (910) 867-9500 | FAX (A/C No.): (910) 867-9292 |
| INSURED Sandy Ridge Electric, Inc 454 Whitehead Road Fayetteville NC 28312 | | |
| INSURER(S) AFFORDING COVERAGE | | NAIC # |
| INSURER A: Donegal Insurance Group | | |
| INSURER B: | | |
| INSURER C: | | |
| INSURER D: | | |
| INSURER E: | | |
| INSURER F: | | |

COVERAGES **CERTIFICATE NUMBER:** 14/15 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INBR LTR | TYPE OF INSURANCE | ADDITIONAL INSURER | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|---|--------------------|-----------------|-------------------------|-------------------------|---|
| A | <input checked="" type="checkbox"/> GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR | | CPP553211981014 | 8/10/2014 | 8/10/2015 | EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | | | | | |
| A | <input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS | | BA553211981014 | 8/10/2014 | 8/10/2015 | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ UMA/UM - CSL - BI and PD \$ 1,000,000 |
| A | <input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000 | | UMB553211981014 | 8/10/2014 | 8/10/2015 | EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000 |
| A | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below | N/A | WC553211981014 | 8/10/2014 | 8/10/2015 | <input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000 |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

| | |
|---|---|
| CERTIFICATE HOLDER (910) 401-1347 Red Door Homes Attn: Page Robertson 4002 Fayetteville Rd. Raeferd, NC 28376 | CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE Ruth Read/RUTH <i>Ruth E. Read</i> |
|---|---|



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
05/20/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

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| | |
|--|---|
| PRODUCER Nobles Insurance Agency 557-A Pylon Dr. Raleigh NC 27606 | CONTACT NAME: TASHA WRIGHT |
| | PHONE (A/C, No, Ext): (919) 833-3803 FAX (A/C, No): (919) 836-0896 E-MAIL ADDRESS: wright12@nationwide.com |
| INSURED CAROLINA COMFORT AIR INC 5212 HWY 70 BUSINESS CLAYTON NC 27520- | INSURER(S) AFFORDING COVERAGE NAIC # |
| | INSURER A: NATIONWIDE P & C INSURANCE CO 37877 |
| | INSURER B: NATIONWIDE MUTUAL FIRE INS CO 23779 |
| | INSURER C: |
| | INSURER D: |
| | INSURER E: |

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE | ADDL GUBR INSR LTR | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|--|--------------------|--------------------|-------------------------|-------------------------|---|
| A | GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> CONTRACTUAL LIAB GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | | ACP GLO 2263272176 | 05/24/2014 | 05/24/2015 | EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Per occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 |
| A | AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input checked="" type="checkbox"/> SYMBOL 1 | | ACP BAK 2263272176 | 05/24/2014 | 05/24/2015 | COMBINED SINGLE LIMIT (Per accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ |
| B | <input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$ | | ACP CAF 2263272176 | 05/24/2014 | 05/24/2015 | EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 |
| A | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) if yes, describe under DESCRIPTION OF OPERATIONS below | Y/N N/A | ACP WCK 2263272176 | 06/01/2014 | 06/01/2015 | <input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000 |
| A | BLANKET COMMERCIAL PROPERTY | | ACP CPPK2263272176 | 05/24/2014 | 05/24/2015 | BUILDINGS 2,463,300 CONTENTS 1,709,200 DEDUCTIBLE 1,000 |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER IS LISTED AS ADDITIONAL INSURED PER ATTACHED CG7160.

| | | |
|---|--|-----------|
| CERTIFICATE HOLDER | CANCELLATION | AI LEEPDN |
| RED DOOR HOMES OF FAYETTEVILLE 4002 FAYETTEVILLE RD RAEFORD NC 28376- | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE <i>Tasha Wright</i> | |

Fax: () -

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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED – OWNERS, LESSEES OR
CONTRACTORS – COMPLETED OPERATIONS**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

| Name Of Additional Insured Person(s) Or Organization(s): | Location And Description Of Completed Operations |
|---|--|
| <p>RED DOOR HOMES OF FAYETTEVIL 1317 KERSHAW LOOP STE 228 FAYETTEVILLE, NC 28314</p> | |
| <p>Information required to complete this Schedule, if not shown above, will be shown in the Declarations.</p> | |

- A. Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury" or "property damage" caused, in whole or in part, by "your work" at the location designated and described in the schedule of this endorsement performed for that additional insured and included in the "products-completed operations hazard".
- B. With respect to the insurance provided to the person or organization shown in the Schedule of the Endorsement the following provisions apply:
 - 1. We will have the right and duty to defend the additional insured against any "suit" seeking damages to which this endorsement applies. However, our duty to defend the additional insured is limited to defending only those claims or "suits" specifically pertaining to "bodily injury" or "property damage" caused by "your work" at the location designated and described in the schedule of this endorsement performed for that additional insured and included in the "products-completed operations hazard". We will have no duty to defend any claims or "suit" pertaining to any other liability on the part of the additional insured.
 - 2. This insurance does not apply to liability arising out of the sole negligence or willful misconduct of the additional insured.

All terms and conditions of this policy apply unless modified by this endorsement.


DO NOT REMOVE!

Details: Appointment of Lien Agent

Entry #: 209829

Filed on: 10/30/2014

Initially filed by: Reddoorhomes4002

| | | |
|--|---|---|
| <p>Designated Lien Agent</p> <p>Investors Title Insurance Company</p> <p>Online: www.liensnc.com</p> <p>Address: 19 W. Hargett St., Suite 507 / Raleigh, NC 27601</p> <p>Phone: 888-690-7384</p> <p>Fax: 913-489-5231</p> <p>Email: support@liensnc.com</p> | <p>Project Property</p> <p>Harnett County tax Id# 06-0596-0105 B3199-P19</p> <p>210 Battlefield Lane</p> <p>Dunn, NC 28334</p> <p>Harnett County</p> | <p>Print & Post</p>  <p>Contractors: Please post this notice on the Job Site.</p> <p>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.</p> |
| <p>Owner Information</p> <p>Andrew and Kimberly Carson</p> <p>7501 Battle Bridge Road</p> <p>Raleigh, NC 27610</p> <p>United States</p> <p>Email: kcarson86@yahoo.com</p> <p>Phone: 910-810-0236</p> | <p>Property Type</p> <p>1-2 Family Dwelling</p> | |
| | <p>Date of First Furnishing</p> <p>11/30/2014</p> | |

View Comments (0)









Technical Support Hotline: (888) 690-7384



Drive 16.0 miles, 21 min

Directions from Lillington, NC to 210 Battlefield Ln

O Lillington, NC

-  1. Head **north** on **S Main St** toward **E Harnett St**
----- 1.5 mi
-  2. Turn **right** onto **NC-27 E/US-421 S**
 Continue to follow **US-421 S**
----- 9.8 mi
-  3. Turn **right** onto **N 13th St**
----- 1.4 mi
-  4. Slight **left** onto **Erwin City St/Iris Bryant Rd**
----- 0.3 mi
-  5. Continue onto **NC-82 E/Antioch Church Rd**
 Continue to follow **NC-82 E**
----- 2.9 mi
-  6. Turn **left** onto **Battlefield Ln**
----- 0.2 mi

⊙ 210 Battlefield Ln

Dunn, NC 28334

These directions are for planning purposes only. You may find that construction projects, traffic, weather, or other events may cause conditions to differ from the map results, and you should plan your route accordingly. You must obey all signs or notices regarding your route.

Map data ©2014 Google

Plan Box # A-9

Date 11-3-14
Job Name Red Door

App # 1450034867

Valuation \$ 192305

Heated SQ Feet 2587

Garage 402

2985

Inspections for SFD/SFA

Crawl X

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 No

Envir. Health New Tank Well Other _____

Additions / Other

Footing _____

Foundation _____

Slab _____

Mono _____

Open Floor _____

Rough In _____

Insulation _____

Final _____

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 | 14-50034867 | Date | 11/20/14 |
| Property Address | 210 BATTLEFIELD LN | | |
| PARCEL NUMBER | 06-0596- - -0105- - - | | |
| Application type description | CP NEW RESIDENTIAL (SFD) | | |
| Subdivision Name | JOHN MCARTHUR GODWIN ESTATE | | |
| Property Zoning | RES/AGRI DIST - RA-30 | | |

Owner

CARSON ANDREW C & KIMBERLY M
 210 BATTLEFIELD LANE
 DUNN NC 28334

Contractor

RED DOOR HOMES OF FAYETTEVILLE
 4002 FAYETTEVILLE RD
 RAEFORD NC 28376
 (910) 481-0503

Applicant

RED DOOR HOMES OF FAYETTVIL #3

--- Structure Information 000 000 42X40 4BDR 2.5BATH SFD W GAR CRAWL
 Flood Zone FLOOD ZONE X
 Other struct info # BEDROOMS 4.00
 PROPOSED USE SFD
 SEPTIC - EXISTING? NEW TANK
 WATER SUPPLY NEW WELL

| | | | |
|-----------------------------|------------------------------------|---------------------|--------|
| Permit | BLDG, MECH, ELEC, PLB, INSU PERMIT | | |
| Additional desc | | | |
| Phone Access Code | 1060748 | | |
| Issue Date | 11/20/14 | Valuation | 192305 |
| Expiration Date | 11/20/15 | | |

Special Notes and Comments

T/S: 11/03/2014 09:18 AM VBROWN ----
 210 BATTLEFIELD LANE OFF OF NC 82
 OUTSIDE OF ERWIN ZONING. 421S TO
 ERWIN, RIGHT ON N 13TH STREET, LEFT
 ONTO ERWIN CYTY ST / IRIS BRYANT RD,
 CONTINUE ON NC 82E / ANTIOCH CH RD,
 LEFT ON BATTLEFIELD LANE.
 XX
 PERMIT INCLUDES BLDG, ELEC, MECH, PLUMB
 INSULATION AND LAND USE.
 XX
 Work must conform and comply with the
 STATE BUILDING CODE and all other State

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 14-50034867

Page 2

Date 11/20/14

Special Notes and Comments
and local laws, ordinances & regulations

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 3
Date 11/20/14

Application Number 14-50034867
Property Address 210 BATTLEFIELD LN
PARCEL NUMBER 06-0596- - -0105- - -
Application description CP NEW RESIDENTIAL (SFD)
Subdivision Name JOHN MCARTHUR GODWIN ESTATE
Property Zoning RES/AGRI DIST - RA-30

Permit BLDG, MECH, ELEC, PLB, INSU PERMIT

Additional desc . . .
Phone Access Code . . . 1060748

Required Inspections

| Seq | Phone Insp# | Insp Code | Description | Initials | Date |
|--------|-------------|-----------|--------------------------------|----------|-------------|
| 10 | 101 | B101 | R*BLDG FOOTING / TEMP SVC POLE | _____ | ___/___/___ |
| 20 | 103 | B103 | R*BLDG FOUND & TEMP SVC POLE | _____ | ___/___/___ |
| 20-30 | 814 | A814 | ADDRESS CONFIRMATION | _____ | ___/___/___ |
| 30-999 | 105 | B105 | R*OPEN FLOOR | _____ | ___/___/___ |
| 40-50 | 129 | I129 | R*INSULATION INSPECTION | _____ | ___/___/___ |
| 40-60 | 425 | R425 | FOUR TRADE ROUGH IN | _____ | ___/___/___ |
| 40-60 | 125 | R125 | ONE TRADE ROUGH IN | _____ | ___/___/___ |
| 40-60 | 325 | R325 | THREE TRADE ROUGH IN | _____ | ___/___/___ |
| 40-60 | 225 | R225 | TWO TRADE ROUGH IN | _____ | ___/___/___ |
| 50-60 | 429 | R429 | FOUR TRADE FINAL | _____ | ___/___/___ |
| 50-60 | 131 | R131 | ONE 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 | _____ | ___/___/___ |