

Application for Manufactured Home Set-Up Permit
(Please fill out each part completely)

Part I - Owner Information:

Home Owner Information (To be completed by owner of the manufactured home)

Name: Maria Gonzalez / Perfecto Gonzalez Address: 2070 EBENEZER CHURCH RD
City: COATS State: NC Zip: 27521 Daytime Phone: (919) 454 7000

Landowner Information (To be completed by landowner, if different than above)

Name: _____ Address: _____
City: _____ State: _____ Zip: _____ Daytime Phone: () _____

Part II - Contractor Information (To be completed by Contractors or Homeowner, if applicable.)

Name, address & phone must match information on license

- A. **Set-Up Contractor** Company Name: BUFFS Mobile Home Movers INC
Phone: 919-778-0690 Address: 158 forest knolls Rd
City: Goldsboro State: NC Zip: 27534
State Lic# 002293 Email: Roanie.Buffs64@gmail.com
- B. **Electrical Contractor** Company Name: Perfecto Gonzalez Sanchez
Phone: _____ Address: _____
City: _____ State: _____ Zip: _____
State Lic# _____ Email: _____
- C. **Mechanical Contractor** Company Name: Perfecto Gonzalez Sanchez
Phone: _____ Address: _____
City: _____ State: _____ Zip: _____
State Lic# _____ Email: _____
- D. **Plumbing Contractor** Company Name: Perfecto Gonzalez Sanchez
Phone: _____ Address: _____
City: _____ State: _____ Zip: _____
State Lic# _____ Email: _____

Part III - Manufactured Home Information

Model Year: 1993 Size: 14 x 76 **Complete & follow zoning criteria sheet**

Park Name: _____ Lot Number: _____

I hereby certify that I have the authority to apply for this permit, that the application is correct including the contractor information and have obtained their permission to purchase these permits on their behalf, and that the construction or installation will conform to the applicable manufactured home set-up requirements, and the Harnett County Zoning Ordinance. I understand that if any item is incorrect or false information has been provided that this permit could be revoked.

Maria Gonzalez
Signature of Home Owner or Agent

10-30-18
Date

**Effective July 1, 2004, a County Tax Department Moving Permit must be provided before a Set Up Permit will be issued. It is purchased from the tax office of the county that the home is moved from. If the home is from a dealer, we need proof of year on the Form 500 and if available, the serial number.
List of inspections and Egress requirements available upon request. Progress Energy customers must provide Premise Number.*



MOBILE HOME TAX PERMIT



Date 10-16-18
Phone 252-436-6805 FAX 252-636-2560
Email tax@cravencounty.com

COUNTY OF CRAVEN
STATE OF NORTH CAROLINA

PERMIT NUMBER: 4249
Tax Account Number 52211

Permissions granted to

Joselyn Michael Peace 4691B Pine Grove Rd Angam NC 27501
Owner as of January 1
Address
B.D. Transporter 206 Falls Rd Dudley NC 27832
Card Address

to move the following home:

Horton 14x76 499371G
Make Model Size Serial number

From Havelock NC
Address
To 2070 Ebenezer Church Rd Colts NC 27521
Address

New Owner Maria De Los Angeles Gonzalez

Representation: This permit is issued in accordance with the provisions of G.S. 105-316.1 through G.S. 105-316.8 of the General Statutes of North Carolina.

This permit shall be conspicuously displayed near the license tag on the rear of the mobile home at all times during its transportation.

THIS PERMIT VALID FOR THIS MOVE ONLY.

This permit must be displayed in order to receive electrical hook up by County Electrical Inspector.
By order of the Craven County Board of Commissioners

[Signature]
Craven County Tax Collector