Application #

Harnett County Central Permitting

PO Box 65 Lillington, NC 27546

Telephone Number: 910-893-7525 Fax 910-893-2793 www.harnett.org/permits

Application for Manufactured Home Set-Up Permit

(Please fill out each part completely)

	Owner Information: Owner Information (To be completed by owner of the manufactured home)			
Name:	3doby woodall Address 931 Bella Bridge Rol			
	1000 State: 0 Zip 1505 Daytime Phone: 919-70-0107			
	ner Information (To be completed by landowner, if different than above)			
	Address:			
City:	State: Zip: Daytime Phone: ()			
Part II - Contractor Information (To be completed by Contractors or Homeowner, if applicable.				
A.	Name, address & phone must match information on license) Set-Up Contractor Company Name: Roven Rock MH Moves Phone: 919-715-3600 Address: 3335 NC Hruy 875			
	City: Sancord State: NC Zip: 27332 State Lic# 3400 Email: NA			
В.	Phone: 99-499-3415 Address: 1010 Cool 5900 Rd City: State: NC zip: 37330			
0	State Lic# PU 2 - L Email: DI A			
C.	Phone 19-08-83-UD Address: 3U89 College Colleg			
D.	Plumbing Contractor Company Name: Raven Rock MH Moves Phone: 919-775-36-00 Address: 3335 NC Hruy 875 City: 500 Corol State: NC Zip: 27332 State Lic# 3400 Email:			
Part III – Manufactured Home Information				
Model '	Year: Complete & follow zoning criteria sheet			
Park N	ame: Private Lot Number:			
informa	y certify that I have the authority to apply for this permit, that the application is correct including the contractor tion and have obtained their permission to purchase these permits on their behalf, and that the construction or ion will conform to the applicable manufactured home set-up requirements, and the Harnett County Zoning ice. I understand that if any item is incorrect or false information has been provided that this permit could be Signature of Home Owner or Agent			

List of inspections and Egress requirements available upon request. Progress Energy customers must provide Premise Number.

04/11

^{*}Effective July 1, 2004, a County <u>Tax Department Moving Permit</u> 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.

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DBA COUNTRY FAIR HOMES

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

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Rev 06/14				
FORM 500NC	DUPLICATE			

STATE OF NORTH CAROLINA

MVR 191 (Rev 05/07)

ADDITIONAL LIENS:

CERTIFICATE OF TITLE

VEHICLE IDENTIFICATION NUMBER YEAR MODEL MAKE **BODY STYLE** 13833366 1996 NEWM MH TITLE NUMBER TITLE ISSUE DATE PREVIOUS TITLE NUMBER 778447090286047 02/03/2009 773605972383092 ODOMETER READING TIMOTHY JAMES HOOPER 1660 SPRING HILL CH RD ODOMETER STATUS LILLINGTON NC 27546 TITLE BRANDS OWNER(S) NAME AND ADDRESS TIMOTHY JAMES HOOPER 1660 SPRING HILL CH RD LILLINGTON NC 27546 The Commissioner of Motor Vehicles of the State of North Carolina hereby certifies that an application for a certificate of title for the herein described vehicle has been filed pursuant to the General Statutes of North Carolina and based on that application, the Division of Motor Vehicles is satisfied that the applicant is the lawful owner. Official records of the Division of Motor Vehicles reflect vehicle is subject to the liens, if any, herein enumerated at the date of issuance of this certificate. As WITNESS, his hand and seal of this Division of the day and year appearing in this certificate as the title issue date. COMMISSIONER OF MOTOR VEHICLES FIRST LIENHOLDER: DATE OF LIEN LIEN RELEASED BY: SIGNATURE___ TITLE_ DATE SECOND LIENHOLDER: DATE OF LIEN LIEN RELEASED BY: SIGNATURE___ TITLE DATE THIRD LIENHOLDER: DATE OF LIEN LIEN RELEASED BY: SIGNATURE_ TITLE_ DATE FOURTH LIENHOLDER: DATE OF LIEN LIEN RELEASED BY: SIGNATURE_ TITLE

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