

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)

Part I - Owner Information:

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

Name: MONTY PELTO Address: 904 GUEN EDEN DRIVE
City: RAETH State: NC Zip: 27612 Daytime Phone: 919 896.5926

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

Name: GODIE NABATOFF, TRUSTEE Address: 904 GUEN EDEN DRIVE
City: RAETH State: NC Zip: 27612 Daytime Phone: 919 896.5926

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: DAVIS MOBILE HOME MOVERS, INC.
Phone: 910.918.5371 Address: 3345 WAYNE LANE
City: FAYETTEVILLE State: NC Zip: 28306
State Lic# 02888 Email: 910.850.3210 richardanglea@gmail.com
- B. **Electrical Contractor** Company Name: LONNIE SMITH ELECTRIC
Phone: 910.850.3210 Address: 8215 Innisbrook COURT
City: PARKTON State: NC Zip: 28371
State Lic# 150454 Email: LSElectric17@yahoo.com
- C. **Mechanical Contractor** Company Name: N/A
Phone: _____ Address: _____
City: _____ State: _____ Zip: _____
State Lic# _____ Email: _____
- D. **Plumbing Contractor** Company Name: LEIGHTON MORLEY TASTON
Phone: 910.850.3210 Address: 5411 BURCH ROAD
City: FAYETTEVILLE State: NC Zip: 28304
State Lic# 28733 Email: _____

Part III - Manufactured Home Information

Model Year: 2018 Size: 16x76 **Complete & follow zoning criteria sheet**

Park Name: CIMARRON MHP Lot Number: 24 SADDLETREE DRIVE

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.

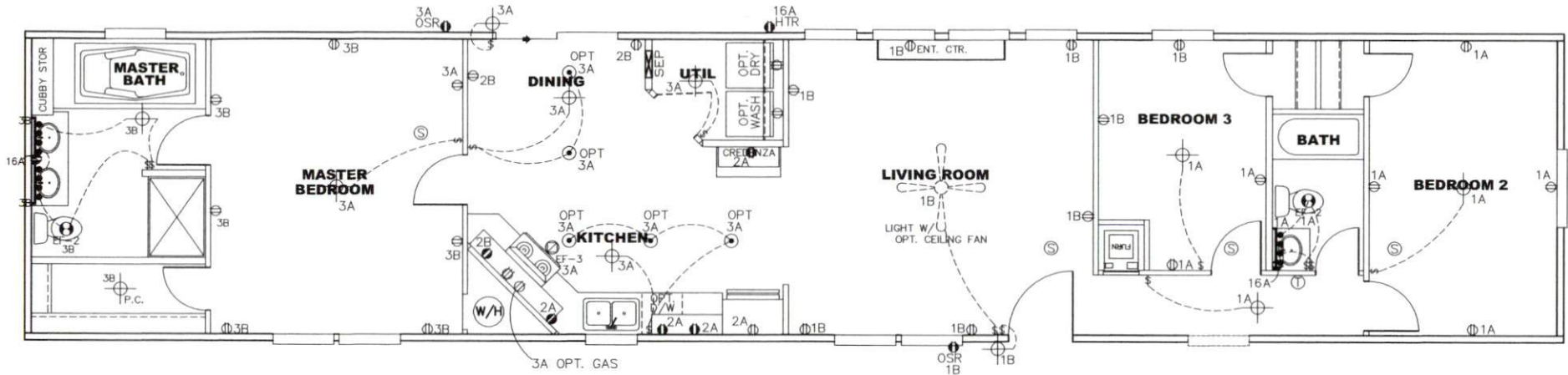
[Signature]
Signature of Home Owner or Agent

9/13/18
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.

CIRCUIT	CIRCUIT #	WIRE	BREAKER	CIRCUIT	CIRCUIT #	WIRE	BREAKER	CIRCUIT	CIRCUIT #	WIRE	BREAKER
LIGHT/RECEP	1A,1B,3A,3B	14-2	15-SP	WATER HEATER	4A,6B	SEE NOTE #B		BATHROOM	16A	12-2	20-SP
KITCHEN	2A,2B	12-2	20-SP	RANGE	5B,7A	SEE NOTE #B		OPT G/DISP	9B	SEE NOTE #B	
WASHER	12A	12-2	20-SP	FURNACE	6A,8A,B,10A,B	SEE NOTE #B		OPT SPA/WP/JAC	11A,B	SEE NOTE #B	
DRYER	5A,7B	SEE NOTE #B		OPT D/WASH	9A	SEE NOTE #B		FREEZER	N/A	SEE NOTE #B	
				SMOKE ALARM	4B	SEE NOTE #B					



NOTES:

1. ALL CIRCUITS SHOWN ARE FOR REFERENCE AND MAY BE CHANGED BASED ON OPTIONAL COMPONENTS INSTALLED IN THE HOME.
2. REFER TO EL SECTION OF THE DAPIA FOR SYMBOL CHART.
3. EITHER LIGHT OR RECEPTACLE MUST CONNECT TO SWITCH.
4. EF-1= 50 CFM EXHAUST FAN REQUIRED FOR THERMAL ZONE III
THERMAL ZONES I & II MAY USE FAN OR WINDOW W/1.5 SQ. FT. OPENABLE GLASS.
5. EF-2= 50 CFM EXHAUST FAN REQUIRED THERMAL ZONE I, II, AND III.
6. EF-3= 100 CFM RANGE EXHAUST FAN, SWITCH AT HOOD.
7. EF-4= WHOLE HOUSE VENTILATION PER REQUIREMENTS IN S-HV-10 & 10A OR M-HV-11 & 11A OF DAPIA.
8. REFER TO EL SECTION OF THE DAPIA OR THE MFG. INSTALLATION INSTRUCTIONS FOR PROPER WIRE SIZE AND BREAKER SIZE FOR SPECIFIC APPLIANCE AND MODEL BEING INSTALLED.
9. ALL SMOKE ALARMS TO BE LOCATED ON THE CEILING.
10. DIMENSIONS SHOWN ON PRINT ARE APPROXIMATE AND TO BE USED ONLY AS A GUIDELINE.

APPROVED **HWG** **APPROVED**
REVISED
 28 AUG 2018
 FP-16-2301
 Federal Manufactured
 Home Construction
 And Safety Standards

1165 SQ.FT. (STD PLAN "CONDITIONED")
 N/A SQ.FT. (W/OPT. PORCH/RECESS "CONDITIONED")

CMH MANUFACTURING	Model #: AN116763P	Drawing #:
	Date: 6/25/18	Scale: NTS
Product Designer: E. HARDWICK		16 X 76 ANNIVERSARY
ELECTRICAL PLAN-06		REVISION ECR-675891 8/22/18 EH

QUOTE/CONFIRMATION

To: 035926 Phone: 919-896-5926 Quote No.: 135127 CMH MANUFACTURING, INC.
 M & K FAMILY LIMITED PARTNERSHIP Quote Date: 08/22/2018 Oxford
 31 CIMMARON DRIVE Sales Rep.: JENNIFER E HAYES 3212 KNOTTS GROVE ROAD
 SPRING LAKE, NC 28390 Sales Note: Model #...: 29ANN16763PH18 HUD 42" OVERHEAD CABINETS STD
 Model Series: THE ANNIVERSARY WITH BACKING ON OVERHEAD CABINETS
 Model Name: THE ANNIVERSARY PLUS 42" SANDBLASTED WHITE CAB W/ BACKING
 Drawing #: 29S100 Ordered by: MONTY
 Print Date: 8/22/2018 - 11:45 AM Phone No: 919-693-2225

Opt.#	Description	Qty	Price	Opt.#	Description	Qty	Price
000056	COLORS				WHITE FARMHOUSE SINK STD		
000001	SUEDE MOXIE CARPET 700	1	-		DROP STATION WITH OVERHEAD CABS		
092421	#CS205 FARM HOUSE TIMBER BOTH BATHS	2	-		DURACRAFT CABINETS STD		
022108	BATH C/TOPS: LABRADOR GRANITE (STD)	1	-	161410	4 RECESSED LIGHTS		
019995	CS025 FARMHOUSE TIMBER KITCHEN/UTL	1	-	271110	STAINLESS STEEL RANGE HOOD STD	1	-
092420	***** SMOKE DECOR *****	1	-	110175	WHITE FARM SINK W/VEG SPRAYER STD	1	-
000036	KITCHEN C/TOP:LABRADOR GRANITE(STD)	1	-	110276	42" OVERHEAD CABINETS STD	1	-
130001	LAP, FLINT GREY SIDING	1	-		WITH BACKING ON OVERHEAD CABINETS		
	SHUTTERS, BLACK	1	-		42" SANDBLASTED WHITE CAB W/ BACKING	1	-
	-CANVAS NATURAL MAIN PANEL WITH						
	SAGEBRUSH BRICK BEHIND KIT CABS				DINING ROOM		
	-HANSEN CHESTNUT VANITY WALLS BOTH						
	BATHROOMS				LIVING ROOM		
	-NEWPAINT PINT ENTERTAINMENT WALL				BREEZE STYLE ENTERTAINMENT CTR STD		
				156255	2 PANEL ARCH INTERIOR DOORS STD	1	-
				080702	1-1/2" FLAT TRIM STD THRU-OUT HOUSE	1	125
					HUNTER NICKEL CEILING FAN		
022002	FLOOR				DEN		
	5/8" OSB FLOORING				MASTER BEDROOM		
	LINO STD IN KIT, D/R,L/R,BD3, HALL						
	AND BOTH BATHS				BEDROOM #2		
	MOXIE CARPET STD	1	-		BEDROOM #3		
	MOXIE STANDARD CARPET				BEDROOM #4		
					MISCELLANEOUS		
000024	PLUMBING & ELECTRICAL			120001	HUD LABEL AND INSPECTION FEES	1	150
000011	WIRE/VETN/PLUMB FOR WASHER & DRYER	1	-	000010	WASHER/DRYER SHELF	1	-
161800	BRUSH NICKEL FAUCETS STANDARD	1	-				
000012	FRONT/REAR EXT LIGHT JELLY JAR	1	-				
051300	PROGRAMMABLE DIGITAL THERMOSTAT STD	1	-				
161201	12KW FURNACE E4EB-012H	1	-				
051156	40 GAL WATER HEATER - ANNIVERSARY	1	420				
041000	FRIGIDAIRE DISHWASHER	1	50				
	FROST PROOF FAUCET (*ENTER*)	1	125				
	WATER SHUT-OFFS T/OUT	1					
000001	HALL BATH						
	#CS205 FARM HOUSE TIMBER BOTH BATHS	1	-				
000001	MASTER BATH						
	72" SOAKER TUB STD						
	48" 1 PIECE SHOWER STD						
	DOUBLE VANITIES STD						
	#CS205 FARM HOUSE TIMBER BOTH BATHS	1	-				
000035	BATH & UTILITY						
000002	WHITE PLASTIC SINKS ALL BATHS	1	-				
349999	54" TUBS STD IN HALL BATH	1	-				
	-INSTALL UTILITY ROOM DOOR	1	60				
067100	EXTERIOR						
	SLIDING GLASS DOOR IN DINING STD						
	2-30X72 WINDOWS IN LIVING STD						
	2-TRANSOM WINDOWS IN LIVING STD						
	REMOVABLE HITCH STD						
	WEATHERED SHINGLES STD						
	BRAKE AXLES W/TIRES 2						
	IDLER AXLES W/TIRES 3						
	METAL FASCIA STD						
	3" OVERHANG STD FRONT/BACK SIDEWALL						
	ENERGY SMART HOME OPTION*	1	-				
	PROGRAMMABLE DIGITAL THERMOSTAT	1	-				
	40 GAL. WATER HEATER	1	-				
	NORDYNE A-COIL	1	-				
141001	LOW-E THERMOPANE WINDOWS STD	1	-				
420002	NORDYNE A-COIL	1	-				
099750	OSB WRAP - ANNIVERSARY SW	1	-				
000015	ROOF RAFTERS 24" O.C.	1	-				
100011	SLIDING GLASS DOOR STD IN DINING RM	1	-				
180650	8 FT FLAT CEILINGS STD	1	-				
100000	STEEL 1/2 ROUND DOOR ON FRONT 38X80	1	-				
060141	R22-11-33 TZ3 INSULATION STD	1	-				
	KITCHEN						
	FRIGIDAIRE SIDE BY SIDE REFER STD						
	FRIGIDAIRE SMOOTH TOP RANGE STD						

Purchasers represent, to the best of their knowledge, that the Manufactured Home shall be used as a single family Dwelling Unit.

** IMPORTANT: Manager must sign and date this confirmation in order for home to be scheduled and built.

** FAX No: 919-693-4107 Please sign and FAX X [Signature] Date 8/26/12