Application # Larnett County Central Permitting PO Box 65 Lillington No. 277

PO Box 65 Lillington, NC 27546

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

		<u>Applicat</u>	tion for Manufactured Home Set-Up Permit				
	Part I – Owner Information: Home Owner Information (To be completed by owner of the manufactured home) (Please fill out each part completely) Home Owner Information (To be completed by owner of the manufactured home)						
	Name	: Corbin + Sherry So	Fret Address: 945 Dry Creek Rol				
	City: _	Lillington State	e: <u>NC.</u> Zip: <u>27546</u> Daytime Phone: () <u>252-7/7-</u> 43				
	Lando	() wner Information (To be comple	eted by landowner, if different than above)				
	Name	: James L. + Corie 1. L	Villeford Address: 945 Dry Creek Rd.				
	City: _	Lillington State	e: <u>NC</u> Zip: <u>27546</u> Daytime Phone: \$6, 2.52-7/7-4223				
	Part-it	- Contractor Information (7)					
	A.	Set-Up Contractor Company	he completed by Gontractors or Homeewner, if applicable. ne, address, & phone must match information on license) Name: Easy St Movers LLC				
		Phone: 717-820-386	5 Address: 805 Easy St.				
_		City:	State: N/C zin.' 2 \ 2 \ 2 \ 7 \ 7				
		State Lic# 46302	Email:				
	B.	Electrical Contractor Compa	iny Name:				
		Phone: @Wner	Address:				
	•	Oity	State: 7in.				
	_	State Lic#	Email:				
-	C.	Mechanical Contractor Comp	pany Name:				
		Phone: Owner	Address:				
			<u> </u>				
	_	State Lic#	Email:				
	D.	Fluinbing Contractor Compar	nv Name:				
		Priorie: Owner	Address:				
		Oity	State: Zip:				
		State Lic#	Email:				
ľ	Model Y	- Manufactured Home Informa /ear: <u>1999</u> Size: &X (ation A Complete & follow zoning criteria sheet				
,	Park Na	me:	Lot Number:				
ii	nstallatio Ordinanc evoked.	on will conform to the applicable is a understand that if any item is	apply for this permit, that the application is correct including the contractor sion to purchase these permits on their behalf, and that the construction or manufactured home set-up requirements, and the Harnett County Zoning incorrect or false information has been provided that this permit could be				
_	<u>(8)</u>	zie J. Wellefor	(d)				
		Signature of Home Owner or Ag	gent Date				

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

^{*}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.



license tag on the rear of the mobile home at all times

THIS PERMIT VALID FOR THIS MOVE ONLY.

during its transportation.

MOBILE HOME TAX PERMIT

COUNTY OF SAMPSON	PERMIT NUMBER
STATE OF NORTH CAROLINA	Date 12-12-18
Permission is granted to:	
Shirley + Sherry Sorrell	Address
Easy St. Movers 805	Easy St. Ounn NC 28334 919.820-3865 Address
to move the following mobile home:	
MAST 1999	14 x70 MP 1808522
Make Model	Size Serial Number
From: 605 FOCY St. Dunn 11. Address	C 28334
To: 945 Pry Crppk Rd. IL	Allington NC 27546
This permit is issued in accordance with the provision	ons 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 nea	ir the

Bill was 425.00 Paid. 500.00 leaving 75.00 confast dungster:

Southeastern Interiors

TO: Cozie Willford

P 910.893.8486 | F 910.814.0036 PO Box 4200 Buies Creek, NC 27506 www.southeasterninteriors.com

Acct. No.	4159		
Invoice No.			

Date	15-Oct-18	
Date Due		

BALANCE DUE:

0.00

			Job Number: Project Manger:		
Date	Description	Reference	Charges	Credits	Balance
15-Oct	Delivery for Dumpster (Paid)				500.00
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