

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)

Part I - Owner Information:

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

Name: Jacobo Sosa Bonilla Address: 135 Lochmere Dr
City: Sanford State: NC Zip: 27332 Phone: 919 353-8045

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

Name: Jose Soriano Address: 212 Pioneer Court
City: Lillington State: NC Zip: 27546 Daytime Phone: (919) 935-6253

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: Raven Rock MH Movers
Phone: 919-715-3600 Address: 3335 N C Hwy 87S
City: Sanford State: NC Zip: 27337
State Lic# 3400 Email: N/A
- B. **Electrical Contractor** Company Name: Cerna Electric
Phone: 919-8882495 Address: 1005 Sommer st
City: SANFORD State: NC Zip: 27330
State Lic# I. 32868 Email: Cerna electric, jc@gmail.com
- C. **Mechanical Contractor** Company Name: _____
Phone: _____ Address: _____
City: _____ State: _____ Zip: _____
State Lic# owner Email: _____
- D. **Plumbing Contractor** Company Name: _____
Phone: _____ Address: _____
City: _____ State: _____ Zip: _____
State Lic# owner Email: _____

Part III - Manufactured Home Information

Model Year: 1989 Size: 24 X 56 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.

Jacobo Sosa Bonilla

Signature of Home Owner or Agent

5-31-19

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

**COUNTY OF LEE
STATE OF NORTH CAROLINA**

**PERMIT NUMBER: 5327
DATE: 6/10/2019**

JOSE SORIANO **82990** **212 PIONEER COURT LILLINGTON NC 27546**
OWNER **Acct.#** **ADDRESS**

RAVEN ROCK MOVER 3335 NC HWY 87 S **919-775-3600**
CARRIER **ADDRESS** **CARRIER PHONE #**

FLEETWOOD **1989** **28X54** **GAF LJ34A10361SHA**
MAKE **MODEL** **SIZE** **SERIAL NUMBER**

135 LOCHMERE DR **SANFORD** **NC** **LEE**
FROM Address **City** **State** **COUNTY**

232 PIONEER CT **LILLINGTON** **NC** **HARNETT**
TO Address **City** **State** **COUNTY**

**This permit is issued in accordance with the provisions of G.S. 105-316.1 through 105-316.8
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.**

D. FITZPATRICK
Tax Collection Manager
Lee County

THIS PERMIT VALID FOR THIS MOVE ONLY.

MOBILE HOME TAX PERMIT

**COUNTY OF LEE
STATE OF NORTH CAROLINA**

**PERMIT NUMBER: 5327
DATE: 6/10/2019**

JOSE SORIANO **82990** **212 PIONEER COURT LILLINGTON NC 27546**
OWNER **Acct.#** **ADDRESS**

RAVEN ROCK MOVER 3335 NC HWY 87 S **919-775-3600**
CARRIER **ADDRESS** **CARRIER PHONE #**

FLEETWOOD **1989** **28X54** **GAF LJ34A10361SHB**
MAKE **MODEL** **SIZE** **SERIAL NUMBER**

135 LOCHMERE DR **SANFORD** **NC** **LEE**
FROM Address **City** **State** **COUNTY**

232 PIONEER CT **LILLINGTON** **NC** **HARNETT**
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