

**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: Homestead Address: PO Box 3367

City: Sanford State: NC Zip: 27331 Daytime Phone: 919-774-9582

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

Name: Homestead Address: PO Box 3367

City: Sanford State: NC Zip: 27331 Daytime Phone: 919-774-9582

**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: Charles Dent - Chow's m/H Transit

Phone: 910-850-6572 Address: PO Box 35595

City: Fayetteville State: NC Zip: 28303

State Lic# 3532 Email: \_\_\_\_\_

B. **Electrical Contractor** Company Name: Michael Bayette / Bayette + Sons

Phone: 919-499-3856 Address: 3058 Rocky Fork Ch Rd Sanford

City: Sanford State: NC Zip: 27332

State Lic# 18574/L Email: \_\_\_\_\_

C. **Mechanical Contractor** Company Name: Affordable Heating + Air

Phone: 919-498-2791 Address: 2215 Lee Ave

City: Sanford State: NC Zip: 27330

State Lic# 20046 Email: \_\_\_\_\_

D. **Plumbing Contractor** Company Name: Hare Plumbing

Phone: 919-777-2482 Address: 412 Swaringer Ln

City: Sanford State: NC Zip: 27330

State Lic# 19443 Email: \_\_\_\_\_

**Part III - Manufactured Home Information**

Model Year: 1999 Size: 48' X 27'-4"

*Complete & follow zoning criteria sheet*

Park Name: Mason Hill Lot Number: 37

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.

Albert Cochran

Signature of Home Owner or Agent

10-10-19

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.

STATE OF NORTH CAROLINA

MVR-191 (Rev. 01/2017)

CERTIFICATE OF TITLE

BRES19080052

VEHICLE IDENTIFICATION NUMBER

239960702465AB

YEAR MODEL

1999

MAKE

CHAM

BODY STYLE

MH

TITLE NUMBER

771086192521047

TITLE ISSUE DATE

09/20/2019

PREVIOUS TITLE NUMBER

772260991043140

MAIL TO

ALBERT CALL ADCOCK  
PO BOX 3367  
SANFORD NC 27331-3367

<b>ODOMETER READING</b>
<b>ODOMETER STATUS</b>
<b>TITLE BRANDS</b>

OWNER(S) NAME AND ADDRESS

ALBERT CALL ADCOCK  
1414 GORMLY CIR  
SANFORD NC 27330-8240



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.

*Tom J. [Signature]*

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 \_\_\_\_\_

DATE \_\_\_\_\_

ADDITIONAL LIENS:

104532467

047 TIC0471

ANY ALTERATIONS OR ERASURES VOID TITLE