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)			
		Tina S. Harmon Ad		
			27501 Daytime Phone: 99 630 -6503	
Landowner		wner Information (To be completed by landow	ner, if different than above)	
	Name:	: Ad	dress:	
	City: _	State: Zip	: Daytime Phone: ()	
·/	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:			
			23 Polly Lane	
		City: Sanford State: 1		
		State Lic#3550 Email:		
V	B.	Electrical Contractor Company Name:	iniel L Hash	
			63 mercy Lane	
		/	U. C. Zip: 27505	
		State Lic#_233494 Email:		
√ C. Mechanical Contractor Company Name: Tin Shop				
		Phone: 919-708-8340 Address: _	2489 Edwards Rd	
1	1	State Lic# 22513 Email:		
	D.	Plumbing Contractor Company Name: 7 Phone: 99 - 902 - 3193 Address:		
		7	7	
		A		
	Part III	I – Manufactured Home Information	State: N. C. Zip: 27332 Email: By rd Young Sector Company Name: 70 hy By rd Young Sector Compan	
Model Year:Size:X Complete & follow zoning criteria sheet			nplete & follow zoning criteria sheet	
	Park Na	Name:	Lot Number:	
	informat	ation and have obtained their permission to purcha tion will conform to the applicable manufactured nce. I understand that if any item is incorrect or t	tify that I have the authority to apply for this permit, that the application is correct including the contractor and have obtained their permission to purchase these permits on their behalf, and that the construction or will conform to the applicable manufactured home set-up requirements, and the Harnett County Zoning I understand that if any item is incorrect or false information has been provided that this permit could be	
	Ven	e S. Harmon	10/9/19	
	70.00	Signature of Home Owner or Agent	Date	

*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.

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

SETUP

State Board of Examiners of Plumbing, Heating & Fire Sprinkler Contractors

Verify License Search

Contact

Name

W. Maynard Gregory

Address

10361 NC 210 N. Angier, NC 27501

Phone

(919) 639-2297

License

License #

S.04469

Account Type

Sub-License

Active Classifications

Heating Group 1 - Class I

Heating Group 2

Heating Group 3 - Class I

Plumbing Class I

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Pur Vindell From Jud Huenum m 11.4.1903.03 919.430.4503 Classification Holders

W. Maynard Gregory: Heating Group 1 - Class I, Heating Group 2, Heating Group 3 - Class I, Plumbing Class I

Subcontractor for

Licensee

License #

Status

Firm

Lemuel Brian Young

L.20633

Active

Young's Electric, Inc.

Close Details