Application for Manufactured Home Set-Up Permit
(Please fill out each part completely)

| Part I | | Aut each part comple | | |
|---|---|------------------------|------------------------------|--|
| Home | Owner Information (To be completed by on | wner of the manufa | ictured home) | |
| Address | | | TOA MINE TO | 4 |
| Oity. | State: NC | Zip: 275460 | aytime Phone: ARD 4 | 29-1923 |
| Lando | wner Information (To be completed by land | lowner if different | than ab | |
| Name | : | Address: | man acove) | |
| City; | State: | Zlp: D | avtime Phone: () | |
| Part II - Contractor Information (Table | | | | |
| A. | Sel-Up Contractor Company Name | basen most match | ipiormation on licensel | mover |
| | Addres | e Lilla Sloven | COL DI | 17/0/8 |
| | Slate. | DAC W | 28358 | |
| | State Lic#Email: | | And the second second | |
| B. | Electrical Confractor Company N | 11 - 11 - | (mal m/a | |
| | Phone: 910-740-6694 Address | . 7362 Tal | TECTTIC | |
| | City: fairment | ALCON TO | cocco Rd | |
| | City: fairmon+ State: State Lic# 19728 EL-L Email: Mechanical Contractor Company Name Phone: 910 585-5976 Address | Zij | 0: 28340 | |
| C. | Machaniani Control Email: | | | |
| U. | Mechanical Contractor Company Name | Spells | mechanical | |
| | Phone: 910 385-5976 Address | : 123 W. Ui | nson St | |
| | Phone: 910 585-5976 Address: City: Autry 111e State: State Lic# 10574 | NC 7 | 78318 | |
| | State Lic#_10574 Email. | | 20018 | Total I |
| D. | State Lic# 10574 Email. Plumbing Contractor Company Name: Bobby's Plumbing Phone: 910-734-3771 Additional Laborator Company Name: Bobby's Plumbing | | | |
| | Phone: 9(0-734-377) Address | 1030 000 | Plumbing | |
| | City: 5+ Paule | E WOO II YOU | Noe Ka | |
| | City: St Pauls State: | NC Zip | 28384 | |
| | State Lic# 22007 Email: | | | |
| Part III | - Manufactured Home Information | | | |
| Model | Year: 2019 Size: 28x54 | Complete & follow | Zoning criteria sheet | |
| Park N | ame: | Lot Numbe | r; | |
| informa installat | certify that I have the authority to apply for the continuous and have obtained their permission to pure for will conform to the applicable manufacture ce. I understand that if any item is incorrect of | his permit, that the a | pplication is correct includ | ing the contractor he construction or ett County Zoning s permit could be |
| | 330 | | 9-9-20-20 | |
| | Signature of Home Owner or Agent | 14.00 | 9-9-2020 | |
| C | | | 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. It the home is from a dealer, we need proof of year on the Form 500 and it available, the serial number.

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

SETUP