

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: Harold Butts Address: 2191 Keith Hills Rd  
City: Lillington State: NC Zip: 27546 Daytime Phone: ( 910-984-6115 )

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

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
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: Raven Rock MH Movers  
Phone: 919-715-3600 Address: 1947 S Horner Blvd  
City: Sanford State: NC Zip: 27330  
State Lic# 3400 Email: N/A
- B. **Electrical Contractor** Company Name: Daniel Hoeh  
Phone: 919-935-4496 Address: 3489 Edwards  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
State Lic# \_\_\_\_\_ Email: \_\_\_\_\_
- C. **Mechanical Contractor** Company Name: Tin Shop  
Phone: 919-708-8340 Address: 3489 Edwards Rd  
City: Sanford State: NC Zip: 27332  
State Lic# 22513 Email: N/A
- D. **Plumbing Contractor** Company Name: Raven Rock MH Movers  
Phone: 919-715-3600 Address: 1947 S Horner Blvd  
City: Sanford State: NC Zip: 27330  
State Lic# 3400 Email: N/A

**Part III - Manufactured Home Information**

Model Year: 2002 Size: 24 x 50

**Complete & follow zoning criteria sheet**

Park Name: Taylor Village 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.

[Signature]  
Signature of Home Owner or Agent

6/30/20  
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.

984-218-8938

Application # \_\_\_\_\_

Harnett County Central Permitting  
PO Box 65 Lillington, NC 27546  
910-893-7525 Fax 910-893-2793  
www.harnett.org/permits

**Application for Existing Septic Tank in a Mobile Home Park**

Applicant Name: HAROLD BUTTS Date: 3-30-20  
Address: 2191 KEITH HILLS RD. LILLINGTON NC 27546  
Telephone: 910-984-6115

Property Owner: HAROLD BUTTS Phone: 910-984-6115

Lot Address: 81 HAROLD DR. ANGIER NC 27501

Name of Park: TAYLOR VILLAGE Lot Number: 39

Parcel: \_\_\_\_\_ PIN: \_\_\_\_\_

SW  DW  TW (Size 24 x 50) # Bedrooms 3 Year 2002

Power Company: DUKE ENERGY (For Progress Energy we need the premise number.)

Specific Directions to Job from Lillington:

Hwy 210 TOWARD ANGIER, RIGHT ONTO HARNETT CENTRAL RD., PASS  
 HEMS, PASS NCHS, 1/4 MI ± ON RT, RT ONTO HAROLD DR,  
 VACANT LOT ON LEFT

There is a \$100.00 charge for this service. This certification is subject to revocation if the intended use of the septic system changes, or if false information is provided on this application.

You signature below certifies that all above information is correct.

Signature of owner or authorized agent: [Signature]

**DO NOT SIGN BELOW - FOR OFFICE USE ONLY**

Authorization of Existing System

Signature of Environmental Health Specialist: [Signature] Date: 4/2/20