Application # <u>BYES 2 CO3 - OO7</u>

## Application #\_ Harnett County Central Permitting

PO Box 65 Lillington, NC 27546

Telephone Number: 910-893-7525 Fax 910-893-2793 www.harnett.org/permits

| (Please fill out each part completely)  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: Havold BUTTO Address: 2/9/ Keith Hills Pa  |  |  |
| City: Lillingen State: NC zip DUG Daytime Phone: (910-984- (6  |  |  |
| 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.  |  |  |
| A. Set-Up Contractor Company Name: Nover Set-Up Contractor Contractor Company Name: Nover Set-Up Contractor Co |  |  |
| Phone: 919-775-36.00 Address: 1947 S Horney Blood  |  |  |
| City: Denter State: NC Zip: 27330  |  |  |
| State Lic# 3400 Email: N/A   |  |  |
| B. Electrical Contractor Company Name: Docie 1 Hoch  |  |  |
| Phone Q19-035-449 6 Address: 3489 toluouds   |  |  |
| City: State: Zip:  |  |  |
| State Lic#Email:   |  |  |
| Mechanical Contractor Company Name: TV Shop  |  |  |
| Phone: 919-708-83+OAddress: 3489 Followoods Ro   |  |  |
| City: San Coval State: NC Zip: 27332   |  |  |
| State Lic# 22515 Email: N/A  |  |  |
| Plumbing Contractor Company Name: KONON KOOK MH MODENS   |  |  |
| Phone 29:115-3600 Address 947 Stover Blud  |  |  |
| City: Sance State: NC Zip: 27330   |  |  |
| State Lic#3400 Email: NA   |  |  |
| Part III – Manufactured Home Information   |  |  |
| Model Year: 200 Z Size: 24 x 50 Complete & follow zoning criteria sheet  |  |  |
| Park Name: OU VIII996 Lot Number:  |  |  |
| 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 understand that if any item is incorrect or false information has been provided that this permit could be 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 list of inspections.

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

084-8938 Harnett Co

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

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

|   | rain, iii a wobile nome Park   |
|---|--|
| Applicant Name: HAROLD BUTTS                              | Date: 3-30-20  |
| Address: 2191 REITH HILLS R                               | D. LILLINGTON NC 27546   |
| Telephone: 910 - 984 - 6/15                               | 4.56.5   |
|   |  |
| Property Owner: HARDER BUTTS                              | Phone: 9/0-984-6//   |
| Lot Address: 8/ HARDLD DR, ANGIER                         | NC 27501   |
| Name of Park: TAYLOR VILLAGE                              | Lot Number: 39   |
| Parcel:   | PIN:   |
| Parcel:SW/DWTW (Size 24 x 50)                             | # Bedrooms ? Year 2002   |
| Power Company: DUKE ENERGY                                | (For Progress Energy we need the premise number.)  |
| Specific Directions to Job from Lillington:               | , and the state of |
| Hory 210 toward ANGIER, RIGHT                             | - 1/2 - 6 + 1 Pa Da  |
| HEMS, PASS HCHS, 14 mis                                   | 2570 FAILURAT CERTIFIED OF PASS  |
| VACANT LOT ON LEFT  | = ON RT , RT ONTO WAREED DE  |
|   |  |
| There is a \$100.00 charge for this service. This         | certification is subject to revocation if the  |
| ntended use of the septic system changes, or application. | r if false information is provided on this   |
| Ou signature holow and the attention                      |  |
| ou signature below certifies that all above informa       |  |
| Signature of owner or authorized agent:                   | W. 1811 9  |
|   |  |
| DO NOT SIGN BELOW - FOR                                   | OFFICE USE ONLY  |
| Authorization of Exist                                    | ing System   |
| 0.5   |  |
| Signature of Environmental Health Specialis               | st Date  |
|   |  |
|   |  |