Application #_

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)

| | -Owner Information: | ha samplated bu | | | |
|----------|--|--|------------------------------------|--|--------------------------|
| Name | Owner Information (To | He completed by | owner of the m | nanufactured home) | 1 111. |
| ivaine | <u> </u> | TICY I'M | Address: | 7.56 Friend | ShipLARE |
| City: _ | ERUIN | State: _// L | _ Zip: <u>283</u> | 9 Daytime Phone: 9 | 0-916-0771 |
| | wner Information (To be | | | | |
| Name | | | | ordin man above) | |
| City: | | | | | |
| | | | | Daytime Phone: (| |
| Part II | - Contractor Informa | tion (To be comple | ted by Contracto | rs or Homeowner, if applic | able. |
| A. | Set-Up Contractor C | ompany Name: | Norma | match information on licen N:5 Install A | iDP Int |
| | Phone: 7/7-/38 | 1937 Addre | ess: ///// | GNO RDA | Ø |
| | City: Snow His | State | NC | Zip: 78580 | |
| | State Lic#_3413 | Email | : ThomA | SNOrmAN970 | -6mA:L-Com |
| B. | Electrical Contracto | Company Name | Right | Tema, In | 6 |
| | Phone: 25756 | 0-0825 Addre | ess: 400 | Vleruo10 A | -ve |
| | City: Kins Ti |) / State | NC | Zip: 38501 | |
| | | | | WHAN SOND Y | |
| C. | Mechanical Contract | or Company Nam | ne: Righ | T TemA. In | 4 |
| | Phone: 252-560 | -0835 Addre | ess: 400 | Wen voos A | Ve |
| | City: KirsTOr | State | NC | Zip: 78.501 | |
| | State Lic# | Email | Denn:54 | HAMSONE YI | Ahod. Com |
| D. | Plumbing Contractor | | | | |
| | | | | E. NOC TYA: | C |
| | | | | Zip: 7 7530 | |
| | | | | | egMAIL.Con |
| | | | | | 4 |
| Part III | - Manufactured Home | e Information | | | |
| Model | Year:][] Size: | 30×_76 | Complete & | follow zoning criteria s | sheet |
| Park N | ame: <i>N</i> / A | | Lot N | lumber: | |
| informa | ion will conform to the a ce I understand that if | er permission to propplicable manufact | urchase these p tured home set- | at the application is correct termits on their behalf, and tup requirements, and the mation has been provided | that the construction or |
| | | | _ | 8-70-20 | 0 |
| | Signature of Home Ov | ner 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