

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: Mary Crowden Address: 3597 Walker rd Linden NC
 City: Linden State: NC Zip: 28356 Daytime Phone: 910 658 2876

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

Name: Same as Above 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)

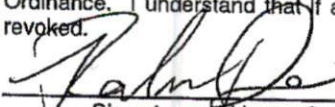
- A. **Set-Up Contractor** Company Name: Choo's mH Transit
 Phone: 910 850 6572 Address: P.O. Box 35595
 City: Fayetteville State: NC Zip: 28303
 State Lic# 3532 Email: _____
- B. **Electrical Contractor** Company Name: Bluc TT+T Electrical
 Phone: 910 494 1425 Address: P.O. Box 185
 City: Raeford State: NC Zip: 28376
 State Lic# 18227-L Email: _____
- C. **Mechanical Contractor** Company Name: Kevin Wilkinson Tin Shop
 Phone: 910 708 8340 Address: 3489 Edwards Rd
 City: Sanford State: NC Zip: 27332
 State Lic# 22513 Email: _____
- D. **Plumbing Contractor** Company Name: Choo's mH Transit
 Phone: 910 850 6572 Address: P.O. Box 35595
 City: Fayetteville State: NC Zip: 28303
 State Lic# 3532 Email: _____

Part III - Manufactured Home Information

Model Year: 2019 Size: 28 x 60 **Complete & follow zoning criteria sheet**

Park Name: _____ 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 of Home Owner or Agent

8/12/2020

 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.

HTE #: BRES2007-0039

HARNETT COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH
307 CORNELIUS HARNETT BOULEVARD
LILLINGTON, NC 27546

EXISTING SEPTIC SYSTEM INSPECTION

Name: Mary Crowder

Phone #: 910-658-2876

Address: 3597 Walker Rd, Linden

Name of Mobile Home Park or S/D: _____

Name of Owner (if different): _____

Address of Owner (if different): _____

Property Location (State Road name and #): SR # 2039

Purpose of Inspection: 28'x60' 3 Bedroom DWMH

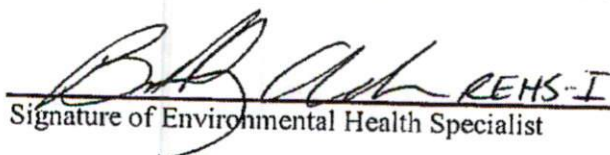
The aforementioned site has been evaluated by the Harnett County Health Department Environmental Health Section. At the time of inspection, there appeared to be a septic system serving this site. If the system should malfunction, the owner is responsible for any necessary repairs.

THIS INSPECTION IS VOID IF:

1. the intended use of the septic system should change, and/or
2. the system should fail or malfunction, and/or
3. the owner or tenant of the property change, and/or
4. after six months

**BUILDING MUST BE 5' FROM ANY PART OF SEPTIC SYSTEM
DO NOT DRIVE OR PARK ON SEPTIC SYSTEM**

AUTHORIZATION OF EXISTING SYSTEM


Signature of Environmental Health Specialist

7/28/2020
Date