

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)

Part I - Owner Information:

Home Owner Information (To be completed by owner of the manufactured home)

Name: Julissa Gutierrez Address: 145 Oma Kelly Dr
City: Broadway State: NC Zip: 27505 Daytime Phone: (919-842-9128

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

Name: Same 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)

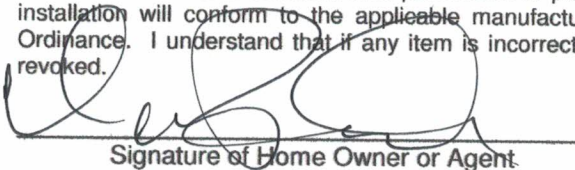
- A. **Set-Up Contractor** Company Name: Raven Rock Mfg Moveys
Phone: 919-75-3600 Address: 1947 S Horner Blvd
City: Sanford State: NC Zip: 27330
State Lic# 3400 Email: N/A
- B. **Electrical Contractor** Company Name: Julissa Gutierrez
Phone: 919-842-9128 Address: 145 Oma Kelly Dr
City: Broadway State: NC Zip: 27505
State Lic# SELF Email: N/A
- C. **Mechanical Contractor** Company Name: Julissa Gutierrez
Phone: 919-842-9128 Address: 145 Oma Kelly Dr
City: Broadway State: NC Zip: 27505
State Lic# SELF Email: N/A
- D. **Plumbing Contractor** Company Name: Julissa Gutierrez
Phone: 919-842-9128 Address: 145 Oma Kelly Dr
City: Broadway State: NC Zip: 27505
State Lic# SELF Email: N/A

Part III - Manufactured Home Information

Model Year: 1994 Size: 28 x 64 **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

3/24/12
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.



MOBILE HOME MOVING PERMIT

COUNTY OF HARNETT
STATE OF NORTH CAROLINA

PERMIT PICKED UP BY ESMERALDA RINCON

PERMIT NUMBER

Date 03/10/21

Owner
ESMERALDA GUTIERREZ RINCON

Address
145 OMA KELLY LN BROADWAY N 27505

Carrier
RAVEN ROCK MOBILE HOME MOVERS
to move the following mobile home:

Address
1947 S HORNER BLVD SNAFORD NC 27330 LIC# 3400

1994 OAKWOOD
Make

Model
28X64
Size

HONC15628FK3127057A-B
Serial Number

From: 145 OMA KELLY LN BROADWAY NC 27505
Address

139681 0043 03

To: 101 PIONEER CT LILLINGTON NC 27546
Address

130518 0048 05

This permit is issued in accordance with the provisions of G.S. 105-316.1 through G.S. 105-316.8 of the general Statutes of North Carolina.

This permit shall be conspicuously displayed near the license tag on the rear of the mobile home at all times during its transportation.

THIS PERMIT VALID FOR THIS MOVE ONLY.

Margaret Wright
County-Cof Tax Collector

5 Pine hwy st
Mcdonald

HTE #: Bres2010-0039

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

EXISTING SEPTIC SYSTEM INSPECTION

Name: Julissa C Enriquez Gutierrez Phone #: 919-842-9128

Address: 145 Oma Kelly Dr, Broadway NC

Name of Mobile Home Park or S/D: _____

Name of Owner (if different): _____

Address of Owner (if different): _____

Property Location (State Road name and #): 101 Pioneer Ct Lillington NC (SR1241)

Purpose of Inspection: Re-connect to existing Septic System

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

1-28-21

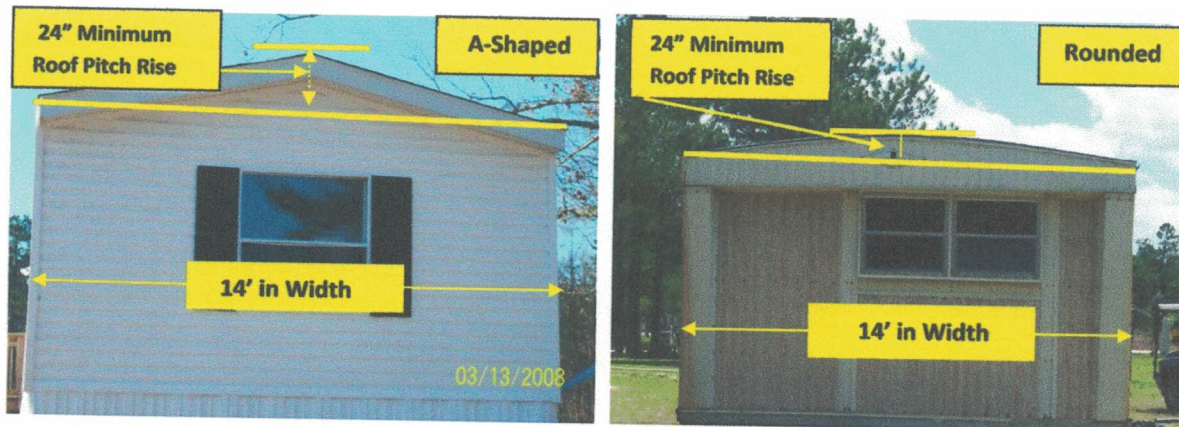
Date

PROCEDURES AND GUIDELINES FOR MANUFACTURED HOME INSPECTIONS

RA-20R & RA- 20M Certification Criteria

I, _____, understand that because I'm located in a **RA-20R** or **RA-20M** Zoning District and wish to place a manufactured home in this district I must meet the following criteria, verified by zoning inspection approval, before I will be issued a certificate of occupancy for this home.

1. The home must have a pitched roof, for a manufactured home, whether A-shaped or rounded, which has a minimum rise (measured at the center of the home) of twelve (12) inches for every seven (7) feet of total width of the home. (Example: A home measuring fourteen (14 ft.) in width must have a twenty four (24) inch rise as measured from the center of the roofline to the baseline of the roof.) (See Illustrations Below.)



Note: Most Rounded Roofs **Will Not** Meet The Roof Pitch Requirement As Illustrated. The Measurement From The Peak Of The Roof To The Base Line Of The Roof Must Be 12" For Every 7' Of Total Width Of The Home. (Ex: 14' Wide Home = 24" Roof Rise)

Continued.....

2. The home must be underpinned, consisting of a brick curtain wall or have galvanized metal sheeting, ABS or PBC plastic color skirting with interlocking edges, installed around the perimeter of the home. Skirting shall be consistent in appearance, in good condition, continuous, permanent, and unpierced except for ventilation and access.
3. The homes moving apparatus must be removed, underpinned, or landscaped. (See examples below.)



4. The home must have been constructed after July 1st 1976.

Signature of Property Owner / Agent

Date

- **By signing this form the owner / agent is stating that they have read and understand the information on this form.**