Replace existing SW

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) 0514 - 33-6405,000 |
|-----|------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | Part | -Owner information: |
| | Nome | e Owner Information (To be completed by owner of the manufactured home) |
| | Name | : Charles Ward Address: 75 McFayden Dr. |
| | City: | Spring Lake State: NC Zip: 28390 Daytime Phone: 910 850-3718 |
| | | owner Information (To be completed by landowner, if different than above) |
| | Name | : Address: |
| | | State: Zip: Daytime Phone: () |
| | Part II | - Contractor Information (To be completed by Contractors or Homeowner, if applicable. |
| | A. | Name, address, & phone must match information on license) Set-Up Contractor Company Name: Daviz Mabile Home Movers - Sherman Davi |
| | | Phone: (910) 978-5371 Address: 3345 Wayne La. |
| | | City: Fagetheralle, State: NC Zip: 2 |
| | | State Lic#_02988 |
| | B. | Electrical Contractor Company Name: Service, Solutions - Tony Smith |
| | | Phone: (910)635-9363 Address: 5798 McDonald Rd. |
| | | City: Parkton State: NC Zip: 29371 |
| | | State Lic# 20934 Email: Service Solutions 1997 @ 49hoo com |
| (| C. | Mechanical Contractor Company Name: Spell's Mechanical |
| | | Phone: (910)525-5976 Address: 123 W. Vinson Ave. |
| | | City: Autroville State: NC Zip: 28319 |
| | | State Lic# 10524 Email: Spellsha & gal. com |
| |). | Plumbing Contractor Company Name: Ariority Plumbing - Stephen Teffries |
| | | Phone: (919) 422-4935 Address: Po Box 264 |
| | | City: Willaw Spring State: AC Zip: 27592 |
| | | State Lic# |
| | | Lindi. |
| P | art III - | Manufactured Home Information |
| М | odel Ye | ear: 2021 Size: 16 x 76 Complete & follow zoning criteria sheet |
| Pa | ark Nar | ne:Lot Number: |
| ins | stallation | certify that I have the authority to apply for this permit, that the application is correct including the contractor in and have obtained their permission to purchase these permits on their behalf, and that the construction or in will conform to the applicable manufactured home set-up requirements, and the Harnett County Zoning. I understand that if any item is incorrect or false information has been provided that this permit could be |
| | tit | 1/5/21 |
| | S | ignature of Home Owner or Agent Date |

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

^{*}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.