

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: KBC Group LLC Address: 2604 Timber Dr

City: Garner State: NC Zip: 27529 Daytime Phone: () 614-256-6414

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.)

Name, address, & phone must match information on license)

A. **Set-Up Contractor** Company Name: Raven Rock mtt movers

Phone: 919-715-3600 Address: 1947 S Horner Blvd

City: Sanford State: NC Zip: 27330

State Lic# 3400 Email: N/A

B. **Electrical Contractor** Company Name: Vance Gust

Phone: 919-356-2225 Address: 6401 Reeves Dr

City: Sanford State: NC Zip: 27332

State Lic# 32452 Email: N/A

C. **Mechanical Contractor** Company Name: Tin Shop

Phone: 919-708-8340 Address: 3489 Edwards Rd

City: Sanford State: NC Zip: 27332

State Lic# 22513 Email: N/A

D. **Plumbing Contractor** Company Name: Raven Rock mtt movers

Phone: 919-715-3600 Address: 1947 S Horner Blvd

City: Sanford State: NC Zip: 27330

State Lic# 3400 Email: N/A

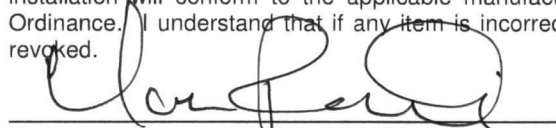
Part III – Manufactured Home Information

Model Year: 1993 Size: 14 x 76

Complete & follow zoning criteria sheet

Park Name: Pine Forest Lot Number: 52

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

4/14/2022
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.

MVR-191 (Rev. 01/2017)

CERTIFICATE OF TITLE

VEHICLE IDENTIFICATION NUMBER
49938307525
TITLE NUMBER
777838200215047

YEAR MODEL
1993

MAKE
TITA
TITLE ISSUE DATE
02/20/2020

BODY STYLE
MH
PREVIOUS TITLE NUMBER
000001317250066

MAIL TO

RAUNEL LOPEZ
165 FIRETHORN LN
SANFORD NC 27332-8438

ODOMETER READING
ODOMETER STATUS
TITLE BRANDS

OWNER(S) NAME AND ADDRESS

RAUNEL LOPEZ
129 PINE VILLAGE
SANFORD NC 27332



The Commissioner of Motor Vehicles of the State of North Carolina hereby certifies that an application for a certificate of title for the herein described vehicle has been filed pursuant to the General Statutes of North Carolina and based on that application, the Division of Motor Vehicles is satisfied that the applicant is the lawful owner. Official records of the Division of Motor Vehicles reflect vehicle is subject to the liens, if any, herein enumerated at the date of issuance of this certificate.

As WITNESS, his hand and seal of this Division of the day and year appearing in this certificate as the title issue date.

Tom J. J.

COMMISSIONER OF MOTOR VEHICLES



FIRST LIENHOLDER: DATE OF LIEN

LIEN RELEASED BY:
SIGNATURE _____
TITLE _____ DATE _____

SECOND LIENHOLDER: DATE OF LIEN

LIEN RELEASED BY:
SIGNATURE _____
TITLE _____ DATE _____

THIRD LIENHOLDER: DATE OF LIEN

LIEN RELEASED BY:
SIGNATURE _____
TITLE _____ DATE _____

FOURTH LIENHOLDER: DATE OF LIEN

LIEN RELEASED BY:
SIGNATURE _____
TITLE _____ DATE _____

ADDITIONAL LIENS:

105429883
047 T1C0472