

Harnett County Central Permitting

420 McKinney Pkwy Lillington, NC 27546

PO Box 65 Lillington, NC 27546

Telephone Number: 910-893-7525 ext. 1 Fax 910-893-2793 www.harnett.org/permits

Application for Manufactured Home Set-Up Permit
(Please fill out each part completely)CONTACT
Priscilla Freeman
571-665-9077**Part I – Owner Information:**

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

Name: Ann L. Toulon Address: 141 Moffat StreetCity: Brooklyn State: NY Zip: 11207 Daytime Phone: (571) 665-9077

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

Name: Ann L. Toulon Address: 141 Moffat StreetCity: Brooklyn State: NY Zip: 11207 Daytime Phone: (571) 665-9077**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: State Mobile Home MoversPhone: 919-576-5192 Address: 1085-a Aquilla Rd.City: Benson State: NC Zip: 27504 Email: bobbybwt@gmail.comSetup Signature: _____ State Lic# 2859B. **Electrical Contractor** Company Name: Glenn's Service Co. Inc.Phone: 919-779-0849 Address: 6005 Brack Penny Rd.City: Raleigh State: NC Zip: 27603 Email: glennsinc@nc.rr.comElectrician's Signature: _____ State Lic# 12810LC. **Mechanical Contractor** Company Name: Glenn's Service Co.Phone: 919-779-0849 Address: 6005 Brack Penny Rd.City: Raleigh State: NC Zip: 27603 Email: glennsinc@nc.rr.comHVAC Signature: _____ State Lic# 12327 H3D. **Plumbing Contractor** Company Name: Priority Plumbing Contractor LLC422-4935 (919) Phone: 919-639-7200 Address: PO Box 264 Willow SpringsCity: Willow Springs State: NC Zip: 27592 Email: stevendalejeffries@me.comPlumber's Signature: _____ State Lic# 18550**Part III – Manufactured Home Information**Model Year: _____ Size: X **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 signatures, 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.

Ann L. Toulon
Signature of Home Owner or Agent4/11/22
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.



Town of Erwin

Zoning Application & Permit

Planning & Inspections Department

Permit #

Rev Sep2014

Each application should be submitted with an attached plot/site plan with the proposed use/structure showing lot shape, existing and proposed buildings, parking and loading areas, access drives and front, rear, and side yard dimensions.

Name of Applicant	Ann L. Toulon	Property Owner	Ann L. Toulon
Home Address	BARNES DRIVE	Home Address	141 Moffat Street
City, State, Zip	ERWIN, NC 28339	City, State, Zip	BKLYN, NY 11207
Telephone	571-665-9077	Telephone	571-665-9077
Email	priscilla.freeman@ccs.k12.nc.us	Email	priscilla.freeman@ccs.k12.nc.us

Address of Proposed Property		(102) BARNES DRIVE	
Parcel Identification Number(s) (PIN)		0597-77-1940	Estimated Project Cost
What is the applicant requesting to build / what is the proposed use of the subject property? Be specific.		CLASS A Manufactured home for residential living.	
Description of any proposed improvements to the building or property		new home	
What was the Previous Use of the subject property?		NONE	
Does the Property Access DOT road?		NO	
Number of dwelling/structures on the property already		0	Property/Parcel size 28
Floodplain SFHA	Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>	Watershed	Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>
Wetlands		Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>	
MUST circle one that applies to property			
Existing/Proposed Septic System		Or	
Existing/Proposed County/City Sewer			

Owner/Applicant Must Read and Sign

The undersigned property owner, or duly authorized agent/representative thereof certifies that this application and the forgoing answers, statements, and other information herewith submitted are in all respects true and correct to the best of their knowledge and belief. The undersigning party understands that any incorrect information submitted may result in the revocation of this application. Upon issuance of this permit, the undersigning party agrees to conform to all applicable town ordinances, zoning regulations, and the laws of the State of North Carolina regulating such work and to the specifications of plans herein submitted. The undersigning party authorizes the Town of Erwin to review this request and conduct a site inspection to ensure compliance to this application as approved.

Ann L. Toulon	Ann L. Toulon	4/8/22
Print Name	Signature of Owner or Representative	Date

For Office Use

Zoning District	R6	Existing Nonconforming Uses or Features	
Front Yard Setback	25'	Other Permits Required	<input type="checkbox"/> Conditional Use <input type="checkbox"/> Building <input type="checkbox"/> Fire Marshal <input type="checkbox"/> Other
Side Yard Setback	8'	Requires Town Zoning Inspection(s) <input type="checkbox"/> Foundation <input type="checkbox"/> Prior to C. of O.	
Rear Yard Setback	25'	Zoning Permit Status	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied
Fee Paid: —		Date Paid: —	Staff Initials: —

Comments	new class A Manufacture Home
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Signature of Town Representative: <i>Iron Boud</i>	Date Approved/Denied: 4/8/22
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54-2022-004 approved on 4/7/22