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)

Home Owner Information (To be completed by owner of the manufactured home)  Name: PCG MINOT (MP. Address: /249 KICDA/ AT FINAL RO  City: CALLY State: N( Zip: 2777 Daytime Phone: 918 277 - 27  Landowner Information (To be completed by landowner, if different than above)  Name: BETH TAYLON Address: 465 LANDOWCA RO  City: BOADOWAY State: N( Zip: 27795 Daytime Phone: (919 - 770 - 0)  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: TITAY DESCARS  City: DUNN State: NC Zip: 2833 4  State Lic# 32290 Email: JOXENDINE QYAHOO. CUNE  Phone: 910 - 735 - 1982 Address: GTY SELERY ROAD  City: CAMERON State: NC Zip: 2833 4  State Lic# 32290 Email: JOXENDINE QYAHOO. CUNE  Phone: 912 - 373 - 1982 Address: GTY SELERY ROAD  City: CAMERON State: NC Zip: 25728  State Lic# 2823 6 Email:  C. Mechanical Contractor Company Name: Phone: 910 - 8300 Address: GTY SELERY ROAD  City: State: Zip: State: Zip: State Lic# Email:  D. Plumbing Contractor Company Name: BOAN THOUGS  Phone: 910 - 499 - 8300 Address: BY MCARTHUR ROAD  City: State Lic# Email:  Phone: 910 - 499 - 8300 Address: BY MCARTHUR ROAD  City: State Lic# Zip: 27705  State Lic# J228 Email:  Part III - Manufactured Home Information  Model Year: 981 Size! Y X68 Complete & follow zoning criteria sheet  Park Name: APLY 1000 Lot Number: #73 YO APMINOR  I hereby certify that I have the authority to apply for this permit, that the application is correct including the continformation and have obtained their permission to purchase these permits on their behalf, and that the construction will conform to the applicable manufactured home serve prequirements, and the Harnett County 2 Ordinance. I understand that if any item is incorrect or false information has been provided that this permit course revoked.	
City: CALY State: N( Zip: 2757   Daytime Phone: (1) 271-20  Landowner Information (To be completed by landowner, if different than above)  Name: SETH TAYLON	1 4222
Landowner Information (To be completed by landowner, if different than above)  Name: BETH TAYLOV Address: 465 LAWROVER RO  City: BOADDWAY State: NC Zip: 27705 Daytime Phone: (919-770-0)  Part II - Contractor Information (To be completed by Contractors or Homeowner, if applicable: Name, address, & phone must match information on license)  Set-Up Contractor Company Name: 77 A DEVICED ACCITY: DUNN State: NC Zip: 2833 Y  State Lic# 32290 Email: 1.0XE/VINNE (144-10). CANE  Electrical Contractor Company Name: 77/14 A CITY CITY CANE  Phone: 919-313-1922 Address: 654 SELECU ROAD  City: CAMERAN State: NC Zip: 25728  State Lic# 2823 6 Email:  Mechanical Contractor Company Name: Phone: 919-98300 Address: Zip: State: Zip: State Lic# Email:  D. Plumbing Contractor Company Name: Phone: 919-98300 Address: BUT MCARTHUR ROAD  City: State: Xip: Zip: Zip: Zip: Zip: State Lic# Email: Email: City: State: NC Zip: 27705  State Lic# 2886 Email: City: State: NC Zip: 27705  State Lic# 2886 Email: Complete & follow zoning criteria sheet  Part III - Manufactured Home Information  Model Year: 988 Size: Xip: NC Zip: 27705  Lot Number: Application is correct including the conting match have obtained their permission to purchase these permiss on their behalf, and that the construct installation will conform to the applicable manufactured home set-up requirements, and the Harnett Courty 2 Ordinance. I understand that if any item is incorrect or false information has been provided that this permit convoked that the application is correct including the contract provoked that this permit convoked that this permit	VOH372
Name: BETH TAYLON Address: 465 LANDEWCE RO City: BODADWAY State: N Zip: 27305 Daytime Phone: (919-770-C)  Part II Contractor Information (To be completed by Contractors or Homeowner, if applicable. Name, address, & phone must match information on license).  Set-Up Contractor Company Name: 777A NEVELL CANE City: DUNN State: NC Zip: 2833 Y  State Lic# 32290 Email: 10000 Name: 777PLF "A" ELECTRIC - 16  Phone: 919-373-1922 Address: 674 SELECUS ROAD City: CAMERON State: NC Zip: 25728  State Lic# 2823 6 Email:  Mechanical Contractor Company Name: 719 State: NC Zip: 25728  City: State Lic# 2823 6 Email:  Mechanical Contractor Company Name: 719 State: NC Zip: 25728  Phone: 919-9300 Address: 841 MCARTHUR ROAD City: BODAD City: BODAD Address: 841 MCARTHUR ROAD City: BODAD City	2777
City: State: No. 2ip: 27705 Daytime Phone: (919-770-C)  Part II - Contractor Information (To be completed by Contractors or Homeowner, if applicable. Name, address, & phone must match information on license)  Set-Up Contractor Company Name: 1774 Ne. 11 Cane Phone: 910-736-5686 Address: 175 Me. Ne. 11 Cane City: DUNN State: NC. 2ip: 28-33 4  State Lic# 32290 Email: 1000 Name: 7719 Ne. 11 Cane Phone: 919-373-1922 Address: 674 Settler. Road City: Came Run State: NC. 2ip: 25-728  State Lic# 2823 6 Email: Phone: Address: City: State: Zip: 25-728  State Lic# Email: D. Plumbing Contractor Company Name: 2000 Name: 310-400 Name: 310-	•
Part II Contractor Information (To be completed by Contractors or Homeowner, if applicable.  Name, address, & phone must match information on license)  Set-Up Contractor Company Name: 7/74 Set Care Care City: DUNN State: NC Zip: 2833 4  State Lic# 322 9 0 Email: 2007 Name: 7/74 Set Care Care Company Name: 7/74 Set Care Care Care Contractor Company Name: 7/74 Set Care Care Care Care Care Care Care Care	
Name, address; & phone must match information on license)  Phone: 910 - 736 - 5686 Address: 77 Me NEILL CAME  City: DUMN State: NC Zip: 28-33 4  State Lic# 32290 Email: 10 XENDINE & YALHOO, CAME  Phone: 919 - 373 - 1962 Address: 654 SELEELD ROAD  City: CAMERON State: NC Zip: 25728  State Lic# 28236 Email:  D. Plumbing Contractor Company Name: Address: City: State Lic# Email:  D. Plumbing Contractor Company Name: BUNN THOUSE  Phone: 919 - 499 - 8300 Address: BUL MCARTHUN ROAD  City: BRADWAY State: NC Zip: 27705  State Lic# Zip: 27705  Lot Number: 49 Size: NC Zip: 27705  I hereby certify that I have the authority to apply for this permit, that the application is correct including the continformation and have obtained their permission to purchase these permits on their behalf, and that the construct installation will conform to the applicable manufactured home set-up requirements, and the Harnett County Z Ordinance. I understand that if any item is incorrect or false information has been provided that this permit course, and the Harnett County Z Ordinance. I understand that if any item is incorrect or false information has been provided that this permit course, and the Harnett County Z Ordinance. I understand that if any item is incorrect or false information has been provided that this permit course.	-0706
Phone: 910 - 736 - 5686 Address: 77 MeNEIL CAME City: DUNN State: NC Zip: 28:33 4  State Lic# 32290 Email: JOXENDINE & YAHAO, CAME Phone: 919 - 353 - 1922 Address: 654 SELLERJ ROAD City: CAMERON State: NC Zip: 25728  State Lic# 2823 6 Email:  Phone: Address: City: State: Zip: 25728  State Lic# State: Zip: State: Zip: State Lic# Email:  D. Plumbing Contractor Company Name: BUNN TOWAS Phone: 910 - 499 - 8300 Address: 841 McARIHUM Road City: State: NC Zip: 27705  State Lic# 12286 Email:  Part III - Manufactured Home Information  Model Year: 1981 Size: 1 X 68 Complete & follow zoning criteria sheet  Park Name: APPLINOOD Lot Number: ##3 40 Afficiation is correct including the continuous mill conform to the applicable manufactured home set-up requirements, and that the construct installation will conform to the applicable manufactured home set-up requirements, and the Harnett County Z Ordinance. I understand that if any item is incorrect or false information has been provided that this permit course revoket	
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State Lic# 32290 Email: JOXENDINE @ YAHOO, COMPANDINE @ YAHOO, COM	)
B. Electrical Contractor Company Name: TRIPLE "A" ELECTRIC - Services Phone: 919-353-192 Address: 654 SELERU ROAD  City: CAMERON State: N.C. Zip: 25728  State Lic# 28236 Email:  C. Mechanical Contractor Company Name: Phone: Address: City: State Lic# Email:  D. Plumbing Contractor Company Name: British Thomas: Address: City: State Lic# Email:  D. Plumbing Contractor Company Name: British Thomas: Address: By Machanical Contractor Company Name: British Thomas: British Thomas: British Thomas: British Thomas: Address: By Machanical Contractor Company Name: British Thomas:	
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Phone: 919-313-1982 Address: 674 SELLERU ROAD  City: CAMERAN State: N.C. Zip: 25728  State Lic# 2823 6 Email:  Mechanical Contractor Company Name: Phone: Address: City: State: Zip: State Lic# Email:  D. Plumbing Contractor Company Name: BLAN THOURS Phone: 910-499-8300 Address: B41 McARTHUR ROAD  City: BLANUMY State: Zip: 27305  State Lic# Email:  Part III - Manufactured Home Information  Model Year: 9181 Size: 4 X 68 Complete & follow zoning criteria sheet  Park Name: APPLINOOD Lot Number: ##3 40 APPLINOOD  I hereby certify that I have the authority to apply for this permit, that the application is correct including the cont information and have obtained their permission to purchase these permits on their behalf, and that the construct installation will conform to the applicable manufactured home set-up requirements, and the Harnett County 2 Ordinance. I understand that if any item is incorrect or false information has been provided that this permit courevoked.	
City: CAMERON State: N.C. Zip: 25728  State Lic# 28236 Email:  Mechanical Contractor Company Name: Phone: Address:  City: State: Zip: State: Zip: State Lic# Email:  D. Plumbing Contractor Company Name: BUNN THOMAS  Phone: 910 - 499 - 8300 Address: B. 41 MCARTHUN ROAD  City: BUANNAY State: Zip: 27705  State Lic# 2286 Email:  Part III - Manufactured Home Information  Model Year: 981 Size: X88 Complete & follow zoning criteria sheet  Park Name: APPENDOD Lot Number: #3 40 Apple Control of the permit of the application is correct including the cont information and have obtained their permission to purchase these permits on their behalf, and that the construct installation will conform to the applicable manufactured home set-up requirements, and the Harnett County 2 Ordinance. I understand that if any item is incorrect or false information has been provided that this permit course revoket	
State Lic#	
Mechanical Contractor Company Name:  Phone: Address: Zip:  State Lic# Email:  Plumbing Contractor Company Name: Bright Address: Bull McArthur Roll  Phone: 910 - 499 - 8300 Address: Bull McArthur Roll  City: State Lic# State: Zip: 27505  State Lic# 12286 Email:  Part III - Manufactured Home Information  Model Year: 108   Size: 14 x 68 Complete & follow zoning criteria sheet  Park Name: April 2000 Lot Number: ### 40 April 2000  I hereby certify that I have the authority to apply for this permit, that the application is correct including the continformation and have obtained their permission to purchase these permits on their behalf, and that the construct installation will conform to the applicable manufactured home set-up requirements, and the Harnett County ordinance. I understand that if any item is incorrect or false information has been provided that this permit courevoket.	
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Phone: 919 - 499 - 8300 Address: 84/ MCARTHUL ROAD  City: BRUADWAY State: NC Zip: 27505  State Lic#   2286   Email:    Part III - Manufactured Home Information  Model Year: 98   Size: X68   Complete & follow zoning criteria sheet  Park Name: APK WOOD   Lot Number: #3	
State Lic#   2286   Email:  Part III - Manufactured Home Information  Model Year:   98   Size:   x 68   Complete & follow zoning criteria sheet  Park Name:   APP   1000   Lot Number:   40   APP   1000    I hereby certify that I have the authority to apply for this permit, that the application is correct including the continformation and have obtained their permission to purchase these permits on their behalf, and that the construct installation will conform to the applicable manufactured home set-up requirements, and the Harnett County 2 Ordinance. I understand that if any item is incorrect or false information has been provided that this permit coursevoketi	
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Park Name: APPLICOD Lot Number: #3 , 40 APPLICOD  I hereby certify that I have the authority to apply for this permit, that the application is correct including the continformation and have obtained their permission to purchase these permits on their behalf, and that the construct installation will conform to the applicable manufactured home set-up requirements, and the Harnett County Z Ordinance. I understand that if any item is incorrect or false information has been provided that this permit coursevoked.	
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Sett fleer Pasions PCG-Tropy (6/23/2022	truction or ty Zoning
Signature of Home Owner or Agent Date	

\*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.

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

SETUP