

MANUFACTURED HOME SET-UP APPLICATION

MANUFACTURED HOME INFORMATION

Site Address: 341 Pine Oak Cameron NC 28326 PIN: _____
Model Year: 2025 Size: 28 X 56
Park Name: _____ Lot Number: _____

OWNER INFORMATION

Manufactured Homeowner: Allsides Development LLC Mailing Address: 1212 Dogwood LN
City: Raleigh State: NC Zip: 27607
Phone: 770-265-3848 Email: ted.woodsides@gmail.com

**Please complete landowner if different than above.*

Landowner: _____ Mailing Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Email: _____

CONTRACTOR INFORMATION

*** Must be owner or licensed contractor. Address, company name & phone must match information on license.**

SET UP CONTRACTOR INFORMATION

Hudson Mobile Home Movers

910 - 695 - 6053

Set Up Contractor's Company Name
545 Pee Dee Road Southern Pines NC
Address
45891

Phone

Email

License # _____

ELECTRICAL CONTRACTOR INFORMATION

Swaim Electric

336 - 685 - 9722

Electrical Contractor's Company Name
3702 New Salem Road Climax NC
Address
05400 - L

Phone

Email

License # _____

MECHANICAL/HVAC CONTRACTOR INFORMATION

Swaim Electric

336 - 685 - 9722

Mechanical Contractor's Company Name
3702 New Salem Road Climax NC
Address
13074H

Phone

Email

License # _____

PLUMBING CONTRACTOR INFORMATION

Doug Smith's Plumbing

910 - 944 - 8129

Plumbing Contractor's Company Name
32415 US Route 1 Aberdeen NC
Address
19055

Phone

Email

License # _____

I hereby certify that I have the authority to apply for this permit, that the application is correct including the contractor information, 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.

Kenneth Woodsides

Signature of Homeowner or Agent

10/21/2025

Date