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)

	Owner Information:  Dwner Information (To be completed by owner of the manufactured home)
Name:	M no 1
City:	Nagiu State: NL Zip: 2750 Daytime Phone: (9/9) 561-9/33
Landow	vner Information (To be completed by landowner, if different than above)
Name;	DARYL AMY MEADOWS Address: 87 Fox TROT LN
City:	NGIER State: NC Zip: 27501 Daytime Phone: (910-514-8481
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: David Eumin
	Phone: 252-230-0819Address: 205 Bung Rd.
	City: Lenky State: VC Zip: 27542
	State Lic# 3552 Email: Latmonm No & aclion
B.	Electrical Contractor Company Name: Nich Outlaw
	Phone: 419 222-012 Address: 102 Joy DN
	City: LaGrand State: NC Zip: 28851
	State Lic# 24794 Email: nide out awdectrical @ live. com
C.	Mechanical Contractor Company Name: Lenning & Alating & Qir
	Phone: 910 430-054 address: 174 River Winding Vd.
	City: Jacksonville State: NC Zip: 28540
	State Lic# 33327 Email: Kennelys heating and air @ gmail.
D.	Plumbing Contractor Company Name:
	Phone: 919 658-5170 Address: 3510 Summer lins Cross roads
	City: M + O 12 14 State: NC Zip: 28365
	State Lic# 24198 Email: maxph 26@ gmail.com
Part III	- Manufactured Home Information
	Year: 2004Size: 16 X 76 Complete & follow zoning criteria sheet
Park N	ame: N P Lot Number:
informat installat	certify that I have the authority to apply for this permit, that the application is correct including the contractor ion and have obtained their permission to purchase these permits on their behalf, and that the construction or on will conform to the applicable manufactured home set-up requirements, and the Harnett County Zoning ce. I understand that if any item is incorrect or false information has been provided that this permit could be
-6	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

Goldsboro Homes, LLC 4112 Highway 70 East Goldsboro, NC 27534 (919)778-5477 - Fax: (919)778-5448 sales@goldsborohomes.com

BUYER(S)				owgord obor orror		OME P	HONE	CELL P	HONE	Τ	DA	ATE
Marcus Meadows	*****		the state of the same process and the state of the state			9) 56	1-8133					5/23
ADDRESS 87 Fox Trot Lane					ITY gier		STATE	ZIP 27501	mdmoo	EM		gmail.com
DELIVERY ADDRESS			No.		ITY		STATE		mame	SALESF	ERSO	N
83 Fox Trot Lane		manufacture and production of the second		An	gier		NC	27501		sica Gra		
MAKE Clayton Epi	ic.		MODEL Marine	ar	YEAR <b>2024</b>	1	00MS	FLOOR SIZE		H SIZE	STO	OCK NUMBER 12
SERIAL NUM			Wante	31	COLO		J  L		D DELIVERY		KE	Y NUMBERS
CBG057672			NEW _	USED								
LOCATION	R-VALUE	THICKNESS	TYPE OF	INSULATION				SE PRICE	OF UNIT		\$	85,000.00
CEILING					OPTIC	NAL	EQUIPM	MENT				0.00
EXTERIOR												
FLOORS									SUB-TOT	AL	\$	85,000.00
THIS INSULATION INFORM												
IS DISCLOSED IN COMPLI	IANCE WITH	I THE FEDERAL	. TRADE CO	MMISSION RULE	SALES	STAX						2,019.00
16CFR SECTION 460.16.						*						***************************************
OPTIONAL E		***************************************					BLE ITE					4,500.00
Goldsboro Homes will con				\$	VARIC	US FE		INSURANC				
**Delivery & set of home in							CA	ASH PURCH	r	CE	\$	91,519.00
**Plumb home from water		sources not to e	xceed				ALLOWA		\$			
60' water line and 10' sev								JE on above	\$	0.00		
**Install 200-amp panel an  **Install 14 seer heat pump		me not to excee	ed 35'			NET ALLOWANCE \$			0.00			
		- N. J.					VN PAYN	MENT		,011.00		
**Vinyl skirting up to 36" he  **Vapor barrior	eignt				CASE	IASA	GREED		\$		///	
**Building and trade permi	10		····		-	LESS TOTAL CREDITS					\$	-5,011.00
**backfill	ıs				-	SUB-TOTAL				AL	\$	86,508.00
**Wood steps to pass code			·			SALES TAX (If Not Included Above)  Unpaid Balance of Cash Sale Price						00 500 00
vvood steps to pass code											\$	86,508.00 terms and
				agreed to as a part of this Agreement, the same as if printed above the signatures. Buyer is purchasing the above described manufactured home; the optional equipment and accessories, the insurance as described has been voluntary; that Buyer's trade-in is free from all claims whatsoever, except as noted.								
								OF FILLAND		0/		
Customer is responsible fo	r zoning & s	septic permit, se	ptic tank,		ESIIN	ESTIMATED RATE OF FINANCING						
water source and lot prep					NUMBER OF YEARS							
					-			HLY PAYM				
0-1					THIS AGREEMENT CONTAINS THE ENTIRE UNDERSTANDING BETWE DEALER AND BUYER AND NO OTHER REPRESENTATION OR INDUCEMENT							
Sale of home does not incl	ude wheels,	axles, tires, rin	าร		VERBA	VERBAL OR WRITTEN, HAS BEEN MADE WHICH IIS NOT COVERED IN TH						
					AGREEMENT. BUYER(S) ACKNOWLEDGE RECEIPT OF A COPY OF THIS ORDER AND							ER AND THAT
											-	AGREEMENT.
BALANCE CARRIE	D TO OPTION	IAL EQUIPMENT		\$ 0.00	I UNE	ERS	TAND	THAT I HA	AVE THE	RIGH	T TC	CANCEL
NOTE: WARRANTY AND EXCLU			AMAGES ON		11112							HE THIRD E SIGNED
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TITLE NO.		SERIAL NO.		COLOR	ANY	OBL	IGATIO	ON TO GI	VF MF	BACK	Ν ΔΙΙ	OT HAVE
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ANY DEBT BUYER OWES OF	N TRADE-IN I	IS TO BE PAID B	Y DEAL	ER BUYER	AGRE	EME	NT.	I INE DE	ALER	VVILL C	AN	CEL IHIS
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Not Valid Unless Signed and Accept			an Authorized Age	DEALER ent SC	CIAL SECU	RITY NO	)		_ /	_ /		
By Sandia	Grad	Li			GNED X							BUYER
/	Аррі	roved		sc	CIAL SECU	RITY NO	)			_/		

# Harnett County Department of Public Health

Improvement Permit

App#BRES 2307-0061 SR 1547 Carson Gregory, Rd

	PROPERTY LOCATION: 83 F	x Trot La An	gier, NC, 27501
ISSUED TO: Marcus & Amy Meadows	SUBDIVISION		LOT #
NEW REPAIR EXPANSION	Site Improvements i	equired prior to Construction Autho	rization Issuance:
Type of Structure: MFH Double wide 16 x 76	•		
Proposed Wastewater System Type: 25% 78-00000	···		
Projected Daily Flow: 360 GPD Number of bedrooms: 3 Number of Occupants: 6	****		
Basement Tyes Mo	max		
Pump Required: Yes No May be required based on final	ecation and elevations of facilities		***************************************
Type of Water Supply: Community Public Well Dista		Permit valid for:	Offive years
Permit conditions:			☐ No expiration
Authorized State Agents Jon on & Marchant	Date: 8-10-7	)	TACHED SITE SKETCH
The issuance of this permit by the Bath Department in no way guarantees the issuance of oth			
site is subject to revocation if the site plan, plat, or the intended use changes. The Improvement	Permit shall not be affected by a change in or	enership of the site. This permit is subject t	o compliance with the provisions of
the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit.			
Const	uction Authorization		
***************************************			
The construction and installation requirements of Rules 1950, 1952, 1954, 1955, 1956, 195	juired for Building Permit)	es into this permit and shall be met System	nt shall be installed in accordance
with the attached system layout.	1110 End 1111 Be detailed and a tention	rs and man broad man man or our start.	a some at advance in account.
		r. T. 1. 4.	
ISSUED TO: Marcus & Amy Mendens	PROPERTY LOCATION: 83  SUBDIVISION Repair	tox Irot in, Hing,	81, NC, 61501
were a last to the second	SUBDIVISION		LOT #
	Expansion L Repair	r	
Basement? Yes No Basement Fixtures? Yes	Q-Ho		
Type of Wastewater System** 2500 108-00-500		(Initial) Wastewater Flow:	360 GPD
(See note below, if applicable [])			
25%/50% 125130	لاكلام (Repair)	The same of the sa	
Installation Requirements/Conditions Number of tren		6	
Septic Tank Size 1008 gallons Exact length of	each trench <u>360</u> feet	Trench Spacing:	_ Feet on Center
	e installed on contour at a	Soil Cover: 6	_inches
	Depth of: 18 inches	(Maximum soil cover shall	not exceed
	shall be level to +/-1/4"	36" above the trench bo	ttom)
in all directions			
Pump Requirements:ft. TDH vsGPM		6	inches below pipe
		Aggregate Depth: Z	
Conditions:			1/2 inches total
WATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM A	NA BULL OF ZEBLIC ZAZLEW UT	REPAIR ARFA	
NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN FIELD ARI		· · · · · · · · · · · · · · · · · · ·	
**If applicable: I understand the system type specified is different from	the type specified on the application	on. I accept the specifications of	this permit.
Owner/Legal Representative Signature:		Date:	
This Construction Authorization is subject to revocation if the site plan, plat, or the intended us	changes. The Construction Authorization shall a		ownership of the site. This
Construction Authorization is subject to compliance with the provisions of the Laws and Rulet for		in the Ma	ATTACHED SITE SKETCH
6.11	1 towns		
Authorized State Agent:	Date	8-10-23	
	ruction Authorization Expiration	4.40	2

# Harnett County Department of Public Health Site Sketch

Property Location: 83 Fox Trof LN, Angier, NC, 27501  Issued To: March & Any Meadows Subdivision	
Issued To: Marcus & Any Meadows Subdivision	_Lot#_ <u>4</u>
Authorized State Agent: Mandagetter 7648  Date: 3	-10-23
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No. of the state o	
267.20	
FOX Trot LN	
FOX	

This drawing is for illustrative purposes only. System installation must meet all pertinent laws, rules, and regulations.

