

**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)

**Part I - Owner Information:**

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

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Daytime Phone: ( ) \_\_\_\_\_

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

Name: JEDIDIAH MAULDIN Address: 3448 CANE MILL RD

City: CORRIS State: NC Zip: 27521 Daytime Phone: (919) 366-7276

**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: \_\_\_\_\_

Phone: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Setup Signature: \_\_\_\_\_ State Lic# \_\_\_\_\_

B. **Electrical Contractor** Company Name: SWATT ELECTRIC

Phone: 910-890-7746 Address: 206 WEST E STREET

City: ERWIN State: NC Zip: 28339 Email: THOMASWEST41@GMAIL.COM

Electrician's Signature: Clarence Thomas West State Lic# L36336

C. **Mechanical Contractor** Company Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

HVAC Signature: \_\_\_\_\_ State Lic# \_\_\_\_\_

D. **Plumbing Contractor** Company Name: Jeff Holland

Phone: 919 924 5492 Address: 512 Lake Side Dr

City: Bonner State: NC Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Plumber's Signature: Jeff Holland State Lic# 11199 P1

**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.

[Signature]  
Signature of Home Owner or Agent

04/27/27  
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.

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

Address: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Daytime Phone: ( ) \_\_\_\_\_

**- Contractor Information** (To be completed by Contractors or Homeowner, if applicable.)

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

Set-Up Contractor Company Name: Rivas General Contracting LLC

Phone: 336-755-7027 Address: 628 Ramie Snow Road

City: Dobson State: NC Zip: 27017 Email: rivasbgc@gmail.com

Setup Signature: [Signature] State Lic# 87790

Electrical Contractor Company Name: SWATT ELECTRIC

Phone: 910-890-7746 Address: 206 WEST E STREET

City: ERWIN State: NC Zip: 28339 Email: THOMASWEST41@GMAIL.COM

Electrician's Signature: Clarence Thomas West State Lic# L36336

Mechanical Contractor Company Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

HVAC Signature: \_\_\_\_\_ State Lic# \_\_\_\_\_

Plumbing Contractor Company Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Plumber's Signature: \_\_\_\_\_ State Lic# \_\_\_\_\_

**III - Manufactured Home Information**

Year: \_\_\_\_\_ Size: X Complete & follow zoning criteria sheet

Name: \_\_\_\_\_ Lot Number: \_\_\_\_\_

I hereby certify that I have the authority to apply for this permit, that the application is correct including the construction and signatures, and that the construction or installation will conform to the applicable manufacturer requirements, and the Hamett County Zoning Ordinance. I understand that if any item is incorrect information has been provided that this permit could be revoked.