

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)

Part I - Owner Information:

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

Name: MSKAD Investment Address: 441 Hayes Rd Spring Lake NC
City: Spring Lake State: NC Zip: 27376 Daytime Phone: (910-723-1186

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

Name: Sarah Casey Address: 1197 Seven Lakes N West En
City: West End State: NC Zip: 27376 Daytime Phone: 910 723-1186

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: Marty Wrought Home Sales
Phone: 910-561-9711 Address: 10201 Andrew Jackson Hwy
City: Laurel Hill State: NC Zip: 28351
State Lic# 46060 Email: carrieknight@gmail.com

B. **Electrical Contractor** Company Name: Joey Handlin
Phone: 910 740 6694 Address: 2352 Tobacco Rd Fairmont NC
City: Fairmont State: NC Zip: 28372
State Lic# 19728-L Email:

C. **Mechanical Contractor** Company Name: Much Moore HVAC
Phone: 910 258-8771 Address: 111 Gainer Drive
City: Lumberton State: NC Zip: 28358
State Lic# 32790 Email:

D. **Plumbing Contractor** Company Name: Bobby Monroe
Phone: 910 740-6694 Address: _____
City: St Pauls State: NC Zip: _____
State Lic# NC 22007 Email:

Part III - Manufactured Home Information

Model Year: 2025 Size: 60 x 30

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 have obtained their permission to purchase these permits on their behalf, 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.

Francina Locklear MWHS
Signature of Home Owner or Agent

8/27/24
Date