136 Fox woods

Date: 1/3/25

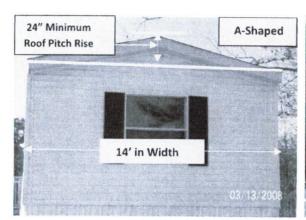
Application#____

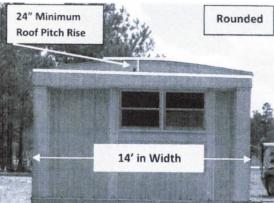
PROCEDURES AND GUIDELINES FOR MANUFACTURED HOME INSPECTIONS

RA-20R & RA- 20M Certification Criteria

Zoning District and visit to place a manufactured home in this district I must meet the following criteria, verified by zoning inspection approval, before I will be issued a certificate of occupancy for this home.

1. The home must have a pitched roof, for a manufactured home, whether A-shaped or rounded, which has a minimum rise (measured at the center of the home) of twelve (12) inches for every seven (7) feet of total width of the home. (Example: A home measuring fourteen (14 ft.) in width must have a twenty four (24) inch rise as measured from the center of the roofline to the baseline of the roof.) (See Illustrations Below.)





Note: Most Rounded Roofs **Will Not** Meet The Roof Pitch Requirement As Illustrated. The Measurement From The Peak Of The Roof To The Base Line Of The Roof Must Be 12" For Every 7' Of Total Width Of The Home. (Ex: 14' Wide Home = 24" Roof Rise)

Continued.....

- The home must be underpinned, consisting of a brick curtain wall or have galvanized metal sheeting, ABS or PBC plastic color skirting with interlocking edges, installed around the perimeter of the home. Skirting shall be consistent in appearance, in good condition, continuous, permanent, and unpierced except for ventilation and access.
- 3. The homes moving apparatus must be removed, underpinned, or landscaped. (See examples below.)





Date

4. The home must have been constructed after July 1st 1976.

Signature of Property Owner / Agent

By signing this form the owner / agent is stating that they have read and understand the information on this form.

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)

Name:		Owner Information: Owner Information (To be completed)	eted by owner of the manufactured home)
City:			
Name:	City: \(\frac{1}{2} \)	anetteville State:	NC Zip 28314 Daytime Phone: 910 - 670 90
City: State: Zip: Daytime Phone: () 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: Raven Rock MH Movers Phone: 919-775-3600 Address: 1947 S Horner BTvd City: Sanford State: NC Zip: 27330 State Lic# 3400 Email: N/A B. Electrical Contractor Company Name: King Heating Air Conditioning Phone: 919-890-4898 Address: 300 wilson Rd City: Sanford State: NC Zip: 27330 State Lic# 21207-U Email: N/A C. Mechanical Contractor Company Name: Tin Shop Phone: 919-708-8340 Address: 3489 Edward Rd City: Sanford State: NC Zip: 27330 State Lic# 22513 Email: N/A D. Plumbing Contractor Company Name: Thomas Plumbing & repairs Phone: 919-499-8300 Address: 841 McArthur Rd City: Broadway State: NC Zip: 27505 State Lic# 12286 Email: N/A Part III - Manufactured Home Information Model Year: 20 25 Size: Y X & Complete & follow zoning criteria sheet Park Name: Lot Number: Lot Number:	Landow	ner Information (To be complete	d by landowner, if different than above)
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EJ Womack 113125			113175
Signatore Owner or Agent Date	S		

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

^{*}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.