



MANUFACTURED HOME SET-UP APPLICATION

MANUFACTURED HOME INFORMATION	
Site Address: 141 Kelly Creek Spring Lake NC	PIN:
Model Year: <u>2025</u> Size: <u>16</u> X <u>66</u>	
Park Name: Spring Lake Lot Nun	nber: 141 Kelly Creek
OWNER INFORMATION	
Manufactured Homeowner: Roots Management M	ailing Address: 216 Connie Court
City: Spring Lake State: NC Zip: 28390	<u> </u>
Phone: <u>910-216-0382</u> Email: Ant.boardray	
*Please complete landowner if different than above.	
Landowner: Roots Management Mailing Address:	216 Connie Court
City: Spring Lake State: NC Zip: 28390	
Phone: _910-216-0382 Email: Ant.boardraye	
CONTRACTOR INFORMATION * Must be owner or licensed contra	
Harris Mobile Home Services	CTOR INFORMATION
Set Up Contractor's Company Name	910-973-3129 Phone
Quail Hollow	Tntairmaintenance@gmail.com
Address	Email
47518 FLECTRICAL CONT.	DACTOR INFORMATION
	RACTOR INFORMATION
Austins Electrical Services Electrical Contractor's Company Name	910-495-5631 Phone
Sanford NC Address	<u>Austins_electrical_services@yahoo.com</u> Email
20548-L	
License # MECHANICAL/HVAC CC	ONTRACTOR INFORMATION
Innovative Builds	910-884-5631
Mechanical Contractor's Company Name	Phone
102 Waddell st Fayetteville nc	Dcdrummond215@gmail.com
Address	Email
15247 h3 class 1 License # PLUMBING CONTR	ACTOR INFORMATION
Auman Plumbing LLC Plumbing Contractor's Company Name	910-818-3244 Phone
1606 Crescent Dr Spring Lake NC	Aumanplumbingllc@gmail.com
Address	Email
License #	
I hereby certify that I have the authority to apply for this permit, that the appli or installation will conform to the applicable manufactured home set-up requi	
item is incorrect or false information has been provided that this permit could	

Signature of Homeowner or Agent

Date