

MANUFACTURED HOME SET-UP APPLICATION

MANUFACTURED HOME INFORMATION

Site Address: 515 Arche St Spring Lake NC 28390 PIN: 0515-51-4193.000
Model Year: 2026 Size: 28 x 76
Park Name: _____ Lot Number: _____

OWNER INFORMATION

Manufactured Homeowner: John Livingston Mailing Address: 62 W Governor Brandon St
City: Spring Lake State: NC Zip: 28390
Phone: 910-882-2769 Email: JohnLivingston333@gmail.com

*Please complete landowner if different than above.

Landowner: _____ Mailing Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Email: _____

CONTRACTOR INFORMATION

* Must be owner or licensed contractor. Address, company name & phone must match information on license.

SET UP CONTRACTOR INFORMATION

Harris Mobile Home Services 910-973-3129
Set Up Contractor's Company Name Phone
9109 Chickenfoot Rd Saint Paul's NC 28384
Address Email
47518
License #

ELECTRICAL CONTRACTOR INFORMATION

Kilowatts Elect, Co. 7198427602
Electrical Contractor's Company Name Phone
193 Dark Wood Dr Spring Lake Jimmy lucas1970@b.mail.com
Address N.C. 28390 Email
23887-2

MECHANICAL/HVAC CONTRACTOR INFORMATION

John Livingston 910 882 2769
Mechanical Contractor's Company Name Phone
Owner Email
Address

PLUMBING CONTRACTOR INFORMATION

John Livingston 910 882 2769
Plumbing Contractor's Company Name Phone
Owner Email
Address

License # _____

I hereby certify that I have the authority to apply for this permit, that the application is correct including the contractor information, 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.

John Livingston
Signature of Homeowner or Agent

July 17, 25
Date