Application #	
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## **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

	Owner Information: Owner Information (To be completed by owner of the manufactured home)
Name:	Alvin R. West Address 2481 Bethe Baptist RD
City:	Dring Lake State: NC. Zip28390 Daytime Phone: ( )910-818-7975
Landov	vner Information (To be completed by landowner, if different than above)
Name:	Address:
City: _	State: Zip: Daytime Phone: ( )
Part II	- Contractor Information (To be completed by Contractors or Homeowner, if applicable.
Α.	Name, address, & phone must match information on lidense.  Set-Up Contractor Company Name: 12 0 V V DMES VERMAN DV S  Phone 10-249-2895 Address: 9474 Hobbitor Huly  City: 110-00 State: NC Zip: 08328 Email: verenual dux is 1137 (2) your Setup Signature: State Lic# 48216
B.	Electrical Contractor Company Name: Alvin West
	Phone: 910-818-7975 Address:
	City Spring Lake State: NC Zip: 28390 Email: RAGWa774880-5 MCo.4.  Electrician's Signature: State Lic#
	111 11
C.	Mechanical Contractor Company Name: HVIN West
C.	Phone: Address:
C.	Mechanical Contractor Company Name:         #\VIN \( \omega \) = \$\frac{1}{2} \]           Phone:         Address:           City:         State:         Zip:         Email:
	Phone: Address: Email: State Lic#
C.	Mechanical Contractor Company Name: #VIN West   Phone: Address:   City: State: Zip: Email:   HVAC Signature: State Lic#   Plumbing Contractor Company Name: #VIN West
	Phone: Address: State: Zip: Email: State Lic#  Plumbing Contractor Company Name: Address: State Lic#  Phone: Address: Address: State Lic#
	Mechanical Contractor Company Name: #VIN   Phone: Address:   City: State:   Zip: Email:   HVAC Signature: State Lic#   Plumbing Contractor Company Name: Address:   Phone: Address:   City: State:   Zip: Email:
D.	Phone: Address: State: Zip: Email: State Lic#  Plumbing Contractor Company Name: Address: State Lic#  Phone: Address: Address: State Lic#
D.	Phone: Address:   City: State: Zip: Email:   HVAC Signature: State Lic#   Plumbing Contractor Company Name: Address:   Phone: Address:   City: State: Zip: Email:   Plumber's Signature: State Lic#    - Manufactured Home Information
D. Part III	Mechanical Contractor Company Name: Address:  Phone: Address: Zip: Email: HVAC Signature: COMPAN NAME: Address:  Plumbing Contractor Company Name: Address: State Lic#  Phone: Address: Zip: Email: Email: State Lic#  Plumber's Signature: COMPAN NAME: Address: State: Zip: Email: State Lic#  - Manufactured Home Information  Year: WAS Size: X Complete & follow zoning criteria sheet
D.  Part III  Model  Park N  I hereb informa set-up	Phone: Address:

\*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.

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