

MANUFACTURED HOME SET-UP APPLICATION

MANUFACTURED HOME INFORMATION

Site Address: 7 Wiggins St. Coats, NC 27521 PIN: _____
Model Year: 2022 Size: 16 x 76
Park Name: Wiggins Mobile Home Park Lot Number: 7

OWNER INFORMATION

Manufactured Homeowner: Deryn Breand Mailing Address: 80 Glovers Ln Coats, NC 27521
City: Coats State: NC Zip: 27521
Phone: (504) 957-5593 Email: dbreand10@gmail.com

*Please complete landowner if different than above.

Landowner: Robbie Blackman Mailing Address: _____
City: 9 State: _____ Zip: _____
Phone: (919) 201-3131 Email: _____

CONTRACTOR INFORMATION

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

SET UP CONTRACTOR INFORMATION

Cruz Mobile Home Movers
Set Up Contractor's Company Name _____ Phone _____
156 Texas Lane Mt. Olive NC 28365
Address _____ Email _____
48333
License # _____

ELECTRICAL CONTRACTOR INFORMATION

Self
Electrical Contractor's Company Name _____ Phone _____
Address _____ Email _____

MECHANICAL/HVAC CONTRACTOR INFORMATION

Self
Mechanical Contractor's Company Name _____ Phone _____
Address _____ Email _____

PLUMBING CONTRACTOR INFORMATION

Self
Plumbing Contractor's Company Name _____ Phone _____
Address _____ Email _____

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.

Deryn Breand
Signature of Homeowner or Agent

7/11/25
Date