

## MANUFACTURED HOME SET-UP APPLICATION

### MANUFACTURED HOME INFORMATION

Site Address: 57 Shamrock Ln, Lillington NC 27546 PIN: 0049-94-6175-000  
Model Year: 2000 Size: 14 x 72  
Park Name: \_\_\_\_\_ Lot Number: \_\_\_\_\_

### OWNER INFORMATION

Manufactured Homeowner: Maribel Ramos Mailing Address: PO Box 2400  
City: Lillington State: NC Zip: 27546  
Phone: 919-880-9963 Email: rosuramosgarcia28@icloud.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 Pauls NC  
Address Email  
47518  
License #

#### ELECTRICAL CONTRACTOR INFORMATION

Owner Rosi M Ramos 0  
Electrical Contractor's Company Name Phone  
Address Email

#### MECHANICAL/HVAC CONTRACTOR INFORMATION

General Solutions LLC 919-721-3966  
Mechanical Contractor's Company Name Phone  
150 Edna Ln Lillington NC 27546  
Address Email  
37094  
License #

#### PLUMBING CONTRACTOR INFORMATION

Owner Rosi M Ramos  
Plumbing Contractor's Company Name  
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.

  
Signature of Homeowner or Agent

4/7/2025  
Date