

## MANUFACTURED HOME SET-UP APPLICATION

### MANUFACTURED HOME INFORMATION

Site Address: \_\_\_\_\_ PIN: 1610-70-2643  
Model Year: 1996 Size: 14 x 70  
Park Name: N/A Lot Number: N/A

### OWNER INFORMATION

Manufactured Homeowner: Charles Hill Mailing Address: PO BOX 729  
City: Angier State: NC Zip: 27501  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

\*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

State Mobile Home Moves 919-576-5192  
Set Up Contractor's Company Name Phone  
124 Adams Farm Rd Dunn, NC 28334  
Address Email  
2859  
License #

#### ELECTRICAL CONTRACTOR INFORMATION

C Charles Hill  
Electrical Contractor's Company Name Phone  
Address Email

#### MECHANICAL/HVAC CONTRACTOR INFORMATION

C Charles Hill  
Mechanical Contractor's Company Name Phone  
Address Email

#### PLUMBING CONTRACTOR INFORMATION

C Charles Hill  
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.

Charles Hill  
Signature of Homeowner or Agent

\_\_\_\_\_  
Date