

MANUFACTURED HOME SET-UP APPLICATION

MANUFACTURED HOME INFORMATION

Site Address: 9 Ward Ln Spring Lake NC 28390 PIN: _____
Model Year: 1989 Size: 14 X 30
Park Name: _____ Lot Number: _____

OWNER INFORMATION

Manufactured Homeowner: Carla Tomlinson Mailing Address: 9 Ward Ln
City: Spring Lake State: NC Zip: 28390
Phone: (910) 213 9123 Email: _____

*Please complete landowner if different than above.

Landowner: Ellis Ward Mailing Address: 95 Ward W Lane
City: Sp Lk State: NC Zip: 28390
Phone: 910-436-2030 Email: _____

CONTRACTOR INFORMATION

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

SET UP CONTRACTOR INFORMATION

Miller Mobile Home Movers 910-308-1254
Set Up Contractor's Company Name Service Phone
3600 Belridge Drive Theoplus miller@gmail
Address Fay, NC 28306 Email
3674

ELECTRICAL CONTRACTOR INFORMATION

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

MECHANICAL/HVAC CONTRACTOR INFORMATION

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

PLUMBING CONTRACTOR INFORMATION

License # 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.

Carla Tomlinson
Signature of Homeowner or Agent

9-22-25
Date