

MANUFACTURED HOME SET-UP APPLICATION

MANUFACTURED HOME INFORMATION

Site Address: 115 Bogre Landing Dr Lillington, NC PIN: 0528-19-0798 000
Model Year: 2025 Size: 48 x 24
Park Name: _____ Lot Number: _____

OWNER INFORMATION

Manufactured Homeowner: Robert & Bridget Bayr Mailing Address: 115 Bogre Landing Dr
City: Lillington State: NC Zip: 27546
Phone: 910 403 9974 Email: Campbellrx115@gmail.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

Chao's Mobile Home Transit, Inc 910 850 6572
Set Up Contractor's Company Name Phone
5657 Bragg Blvd Fayetteville, NC 28303 charlesdent1956@yahoo.com
Address Email
3532

ELECTRICAL CONTRACTOR INFORMATION

Joshua Allen Long 910 703 2843
Electrical Contractor's Company Name Phone
211 Sapling Ln, Cameron, NC 28326 JL.HVNC.electrical@gmail.com
Address Email
L 37283

MECHANICAL/HVAC CONTRACTOR INFORMATION

Tin Shop 919 708 8340
Mechanical Contractor's Company Name Phone
348 Edwards Rd Sanford NC 27332 Tinshop24@gmail.com
Address Email
22513

PLUMBING CONTRACTOR INFORMATION

Mennella and Son Plumbing 919-820-6881
Plumbing Contractor's Company Name Phone
2273 Barleys Crossroads Rd Oak, NC mennellaandsonplumbing@gmail.com
Address Email
22893 27521
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

12 Nov 2025
Date