

MANUFACTURED HOME SET-UP APPLICATION

MANUFACTURED HOME INFORMATION

Site Address: _____ PIN: 0620-04-1349.000

Model Year: 2024 Size: 31 X 56

Park Name: _____ Lot Number: 1

OWNER INFORMATION

Manufactured Homeowner: Michael & Sheri Sonnenberg Mailing Address: 3251 Pecan Trail

City: Murrells Inlet State: SC Zip: 29576

Phone: 512-294-1839 Email: Sheri.Sonnenberg@gmail.com

*Please complete landowner if different than above.

Landowner: Clyde L Patterson Mailing Address: P O Box 459

City: Broadway State: NC Zip: 27505

Phone: 919-258-5538 Email: _____

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

SET UP CONTRACTOR INFORMATION

Lawrence Mobile Home Service Inc
Set Up Contractor's Company Name

919-738-9947
Phone

303 W. NEW HOPE Rd Goldsboro, NC 27534
Address

Leland@LawrenceMHS.com
Email

2894
License #

ELECTRICAL CONTRACTOR INFORMATION

Kevin Cavanaugh
Electrical Contractor's Company Name

919-583-6737
Phone

3061 Arrington Bridge Road Dudley, NC
Address

Leland@LawrenceMHS.com
Email

22306
License #

MECHANICAL/HVAC CONTRACTOR INFORMATION

Kevin Cavanaugh
Mechanical Contractor's Company Name

919-583-6737
Phone

3061 Arrington Bridge Road Dudley, NC
Address

Leland@LawrenceMHS.com
Email

19232
License #

PLUMBING CONTRACTOR INFORMATION

Ricky Halls Plumbing Inc
Plumbing Contractor's Company Name

919-280-1776
Phone

881 Big Peak Creek Rd
Address

Leland@LawrenceMHS.com
Email

17786
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.

Leland R. Lawrence
Signature of Homeowner or Agent

11/10/25
Date