

\$ 150.00

Application # 09-50022100
Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
Telephone Number: 910-893-7525 Fax 910-893-2793 www.harnett.org/permits

Application for Manufactured Home Set-Up Permit
(Please fill out each part completely)

Part I - Owner Information:

Home Owner Information (To be completed by owner of the manufactured home)

Name: Laven Mitchell Jr. Address: 1375 Temple Road
City: Bunnlevel State: N.C. Zip: 28323 Daytime Phone: 919 658-3385

Landowner Information (To be completed by landowner, if different than above)

Name: _____ Address: _____
City: _____ State: _____ Zip: _____ Daytime Phone: () _____

Part II - Contractor Information (To be completed by Contractors or Homeowner, if applicable. Name, address, & phone must match information on license)

A. **Set-Up Contractor Company Name:** Charles Dent
Phone: 910-850-6572 Address: P.O. Box 35595
City: Fayetteville State: N.C. Zip: 28303
Setup Signature: Charles Dent State Lic# _____

B. **Electrical Contractor Company Name:** Hogue Electric Co Inc
Phone: 843-5302 Address: 2951 McDonald Rd
City: Lillington State: N.C. Zip: 27546
Electrician's Signature: Arthur Z. Hogue State Lic# 4424-4

C. **Mechanical Contractor Company Name:** Alvin B. Collins
Phone: 910-893-2435 Address: 730 Collins Rd.
City: Lillington State: N.C. Zip: 27546
HVAC Signature: Alvin B. Collins State Lic# 11591

D. **Plumbing Contractor Company Name:** As Owner
Phone: _____ Address: _____
City: _____ State: _____ Zip: _____
Plumber's Signature: Laven Mitchell Jr. State Lic# OWNER

Part III - Manufactured Home Information

Model Year: 1996 Size: X

Complete & follow zoning criteria sheet

Park Name: _____ Lot Number: _____

I hereby certify that I have the authority to apply for this permit, that the application is correct including the contractor information and signatures, 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.

Laven Mitchell Jr.
Signature of Home Owner or Agent

7-13-09
Date

*Effective July 1, 2004, a County Tax Department Moving Permit must be provided before a Set Up Permit will be issued. It is purchased from the tax office of the county that the home is moved from. If the home is from a dealer, we need proof of year on the Form 500 and if available, the serial number. List of inspections and Egress requirements available upon request. Progress Energy customers must provide Premise Number.

SETUP

CUSTOMER WILL BEING
IN FILE.

STATE OF NORTH CAROLINA

MVR 191 (Rev 05/07)

CERTIFICATE OF TITLE

VEHICLE IDENTIFICATION NUMBER
11427263B
TITLE NUMBER
775101091345092

YEAR MODEL
1995

MAKE
VENT
TITLE ISSUE DATE
05/19/2009

BODY STYLE
MH
PREVIOUS TITLE NUMBER
771629002583909



LAVON MITCHELL JR
PO BOX 64
BUNNLEVEL NC 28323-0064

MAIL TO

ODOMETER READING
ODOMETER STATUS
TITLE BRANDS

OWNER(S) NAME AND ADDRESS

LAVON MITCHELL JR
1375 TEMPLE RD
BUNNLEVEL NC 28323-8401



The Commissioner of Motor Vehicles of the State of North Carolina hereby certifies that an application for a certificate of title for the herein described vehicle has been filed pursuant to the General Statutes of North Carolina and based on that application, the Division of Motor Vehicles is satisfied that the applicant is the lawful owner. Official records of the Division of Motor Vehicles reflect vehicle is subject to the liens, if any, herein enumerated at the date of issuance of this certificate.

As WITNESS, his hand and seal of this Division of the day and year appearing in this certificate as the title issue date.

Michael Robertson
COMMISSIONER OF MOTOR VEHICLES

FIRST LIENHOLDER: DATE OF LIEN

LIEN RELEASED BY:
SIGNATURE _____
TITLE _____ DATE _____

SECOND LIENHOLDER: DATE OF LIEN

LIEN RELEASED BY:
SIGNATURE _____
TITLE _____ DATE _____

THIRD LIENHOLDER: DATE OF LIEN

LIEN RELEASED BY:
SIGNATURE _____
TITLE _____ DATE _____

FOURTH LIENHOLDER: DATE OF LIEN

LIEN RELEASED BY:
SIGNATURE _____
TITLE _____ DATE _____

ADDITIONAL LIENS:

80362904
092 TIC0920

ANY ALTERATIONS OR ERASURES VOID TITLE