

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: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Daytime Phone: ( ) \_\_\_\_\_

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: Parvula Thomas

Phone: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

State Lic# \_\_\_\_\_ Email: \_\_\_\_\_

B. **Electrical Contractor** Company Name: Parvula Thomas

Phone: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

State Lic# \_\_\_\_\_ Email: \_\_\_\_\_

C. **Mechanical Contractor** Company Name: Parvula Thomas

Phone: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

State Lic# \_\_\_\_\_ Email: \_\_\_\_\_

D. **Plumbing Contractor** Company Name: Parvula Thomas

Phone: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

State Lic# \_\_\_\_\_ Email: \_\_\_\_\_

**Part III – Manufactured Home Information**

Model Year: \_\_\_\_\_ 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 have obtained their permission to purchase these permits on their behalf, 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.

Parvula Thomas  
Signature of Home Owner or Agent

12/9/15  
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.*



37467

# MOBILE HOME MOVING PERMIT

COUNTY OF Harnett  
STATE OF NORTH CAROLINA

PERMIT NUMBER 1865

Permission is granted to:

Date 3/4/2016

Owner Pamela Thomas 25 Steven Duke Ln Broadway NC 27505  
Address

Carrier Mark's MH Movers 1258 Backs Rd. Cameron NC 28326  
Address  
to move the following mobile home:

Budman 1995 28 X 70 13903686 AB  
Make Model Size Serial Number

From: 25 Steven Duke Ln Broadway NC 27505  
Address

To: Briggs 355 Longleaf Dr. Wilmington NC 27546  
Address

This permit is issued in accordance with the provisions of G.S. 105-316.1 through G.S. 105-316.8 of the general Statutes of North Carolina.

This permit shall be conspicuously displayed near the license tag on the rear of the mobile home at all times during its transportation.

THIS PERMIT VALID FOR THIS MOVE ONLY.

K. Barker - TP Assistant  
County-City Tax Collector

HARNETT COUNTY CENTRAL PERMITTING

P.O. BOX 65

LILLINGTON, NC 27546

For Inspections Call: (910) 893-7525 Fax: (910) 893-2793

Bldg Insp scheduled before 2pm available next business day.

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Application Number . . . . .	15-50037467	Date	12/09/15
Property Address . . . . .	93893 *UNASSIGNED		
PARCEL NUMBER . . . . .	03-0507- - -0215- -05-		
Application type description	CP MANUFACTURED HOMES		
Subdivision Name . . . . .	LANDMARK DEVELOPMENT		
Property Zoning . . . . .	PENDING		

Owner

Contractor

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THOMAS PAMELA T  
 25 STEVE LUKE LANE  
 BROADWAY NC 27505

OWNER

Applicant

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THOMAS PAMELA  
 25 STEVEN LUKE LANE  
 BROADWAY NC 27505  
 (910) 514-4828

--- Structure Information 000 000 24X70 DWMH 4BDR W/DECK (FRONT & BACK)

Flood Zone . . . . .	FLOOD ZONE X		
Other struct info . . . . .	# BEDROOMS		4.00
	PROPOSED USE	SFD	
	SEPTIC - EXISTING?	NEW SEPTIC	
	WATER SUPPLY	COUNTY	

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Permit . . . . . MANUFACTURED HOME PERMIT

Additional desc . . . . .			
Phone Access Code . . . . .	1119957		
Issue Date . . . . .	12/09/15	Valuation . . . . .	0
Expiration Date . . . . .	12/08/16		

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Permit . . . . . LAND USE PERMIT

Additional desc . . . . .			
Phone Access Code . . . . .	1119965		
Issue Date . . . . .	12/09/15	Valuation . . . . .	0
Expiration Date . . . . .	6/06/16		

Special Notes and Comments

T/S: 11/13/2015 11:40 AM LBENNETT --  
 TAKE HWY 27 OUT OF LILLINGTON TURN LEFT  
 ON NURSERY RD - TURN RIGHT ON KRAMER RD  
 - GOT TO STOP SIGN TURN LEFT ON DOCS RD  
 - TURN RIGHT ON LONGLEAF DR - GO TO END  
 OF PAVEMENT CONTINUE ON DIRT RD - TURN  
 LEFT AT NEXT DRIVEWAY - PROPERTY ON

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\_\_\_\_\_

\_\_\_\_\_



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Property Zoning . . . . .	PENDING		

Required Inspections

Seq	Phone Insp#	Insp Code	Description	Initials	Date
Permit type . . . . . MANUFACTURED HOME PERMIT					
10	501	T501	R*MOBILE HOME FOUND./ M. WALL	_____	___/___/___
10	307	P307	R*PLUMB WATER CONNECTION	_____	___/___/___
20	818	Z818	PZ*ZONING INSPECTION	_____	___/___/___
20	814	A814	ADDRESS CONFIRMATION	_____	___/___/___
30	507	T507	R*MANUFACTURED HOME FINAL	_____	___/___/___
999		H824	ENVIR. OPERATIONS PERMIT	_____	___/___/___
999		H828	ENVIRO. WELL PERMIT	_____	___/___/___
Permit type . . . . . LAND USE PERMIT					
999	818	Z818	PZ*ZONING INSPECTION	_____	___/___/___
999	820	Z820	PZ*ZONING/FINAL INSPECTION	_____	___/___/___