

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: Carlos A Lopez Quincio Address: P.O. Box 1529  
City: Coats State: NC Zip: 27521 Daytime Phone: 919 464 3150

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

Name: Nancy Silvers Address: 4586 NC 55W  
City: Angier State: NC Zip: 27501 Daytime Phone: 919 280-0115

**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: A-Plus constructions  
Phone: 910 690 9222 Address: 5369 US HWY 1 N  
City: Wass State: NC Zip: 28394  
State Lic# \_\_\_\_\_ Email: aplusconstruction5369@yahoo.com
- B. **Electrical Contractor** Company Name: George Baker  
Phone: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: NC Zip: \_\_\_\_\_  
State Lic# 17758 Email: \_\_\_\_\_
- C. **Mechanical Contractor** Company Name: Denny Services  
Phone: 919 499 3155 Address: 1111 Lamps Grove Rd  
City: Carthage State: NC Zip: 28326  
State Lic# 27527 Email: \_\_\_\_\_
- D. **Plumbing Contractor** Company Name: A plus construction  
Phone: \_\_\_\_\_ Address: 5369 US HWY 1 N  
City: \_\_\_\_\_ State: NC Zip: 28394  
State Lic# 4 Email: aplusconstruction5369@yahoo.com

**Part III - Manufactured Home Information**

Model Year: 2017 Size: 14' x 66' Complete & follow zoning criteria sheet

Park Name: Crossing Mobile Home Park Lot Number: # 27

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.

Carlos Lopez  
Signature of Home Owner or Agent

April 19, 2017  
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.

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 . . . . . 17-50041188 Date 5/02/17  
Property Address . . . . . 164 MYATT LN  
PARCEL NUMBER . . . . . 04-0682- - -0093- - -  
Application type description CP MOBILE HOME PARK  
Subdivision Name . . . . .  
Property Zoning . . . . . RES/AGRI DIST - RA-20M

Owner

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MYATT NANCY ROSE SILVERS #27  
4586 NC 55 W  
ANGIER NC 27501  
(919) 639-2250

Contractor

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A PLUS CONTRACTOR  
5369 US HWY I N NC 28394  
VASS  
(910) 690-9222

Applicant

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GARCIA CARLOS A LOPEZ #27  
164 MYATT LN  
ANGIER NC 27501  
(919) 464-3750

--- Structure Information 000 000 14X66 3 BR NO DECKS OR PORCHES  
Other struct info . . . . . # BEDROOMS 3.00  
MOBILE HOME YEAR 2017.00  
PROPOSED USE SWMH  
SEPTIC - EXISTING? ETANK

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Permit . . . . . MANUFACTURED HOME PERMIT

Additional desc . . . . .  
Phone Access Code . . . . . 1189497  
Issue Date . . . . . 5/02/17 Valuation . . . . . 0  
Expiration Date . . . . . 5/02/18

Special Notes and Comments

T/S: 04/19/2017 12:49 PM DJOHNSON --  
CROSSING MOBILE HOME PARK LOT 27  
164 MYATT LN

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Permit . . . . .	MANUFACTURED HOME PERMIT	
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Phone Access Code . . . . .	1189497	

Required Inspections

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