			Ac	plication #	41760		
	4		unty Central Pe	ermitting			
PO Box 65 Lillington, NC 27546 Telephone Number: 910-893-7525 Fax 910-893-2793 www.harnett.org/permits							
	Applicat		nufactured Hom	<u>e Set-Up Permit</u>			
	-Owner Information:						
	Owner Information (To be com				1		
Name	: Frankie Lapins	<u>K (</u>	_ Address:	43 500	the Cic		
City: _	Springlake State	e: <u>PC</u>	_Zip: <u>29390</u>	Daytime Phone:	(910 <u>728-5405</u>		
	wner Information (To be comple	-		· ·			
Name	;		_ Address:		•• • •		
City:	State	ə:	_ Zip:	_ Daytime Phone: (() <u> </u>		
Part II	- Contractor Information (To	ha complete	d by Contractors	or Homeowner, if an	olicable		
	Nam	e, address,	& phone must ma	tch information on lic	ense)		
Α.	Set-Up Contractor Company						
	Phone:						
	City:			•			
_	State Lic# Owner						
₿.	Electrical Contractor Compa						
	Phone:						
	City:						
	State Lic# Occurrer						
C.	Mechanical Contractor Com						
	Phone:						
	City:						
	State Lic# OwnPr						
D.	Plumbing Contractor Compa	iny Name:_					
	Phone:						
	City:						
	State Lic# <u>Owner</u>	Email: _					
	- Manufactured Home Inform						
	Year: <u>19917</u> Size: <u>14'</u> X_2		-	low zoning criteri			
Park N	ame: <u>Hayes MH</u>	ρ	Lot Nur	nber: <u>43</u>	· ·····		
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.							
	Signature of Horne Owner or A	gent		<u>8-76-2</u> Date			

*Effective July 1, 2004, a County <u>Tax Department Moving Permit</u> 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 it available, the serial number.

List of inspections and Egress requirements available upon request. Progress Energy customers must provide Premise Number.

Application # 1750

F#022805

Harnett County Central Permitting PO Box 65 Lillington, NC 27546 910-893-7525 Fax 910-893-2793 www.harnett.org/permits

Application for Existing Septic Tank in a Mobile Home Park Frankin Applicant Name: Date: Address: 53 Telephone: Property Owner: <u>Russel</u> and Haves Phone: Sarah Sam Lot Address: 43 Mobile Home Park Lot Number: Name of Park: Haves PIN: 0524-107-11010 Parcel: ALA524 Sole 3 _TW (Size <u>14 x 80</u>) # Bedrooms <u>3</u> Year <u>1999</u> V SW DW Marker (For Progress Energy we need the premise number.) Power Company: South Kiner Electric Specific Directions to Job from Lillington: ald HWW South Mi There is a \$100.00 charge for this service. This certification is subject to revocation if the intended use of the septic system changes, or if false information is provided on this application. You signature below certifies that all above information is correct. Signature of owner or authorized agent: DO NOT SIGN BELOW - FOR OFFICE USE ONLY

Authorization of Existing System

Signature of Environmental Health Specialist

Date

	and the second secon	Dockstances	and the second state of th				
THIS PERMIT VALID FOR THIS MOVE ONLY.	This permit shall be conspicuously displayed near the license tag on the rear of the mobile home at all times during its transportation.	expensit is issued in accordance with the provisions of G.S. 105-316.1 through G.S. 105-316.8 comeral Statutes of North Carolina.	Address Address Address Address		in month of And Hays	TRY OF HALVING	MON MOB
	ar the times	of G.S. 105-316.1 through G.S. 105-316.8	Samp Lake NIC 28390 PIO DIOS24 OURS	size 08×Fr	Address NO. 87 S		G P T
	County-City Tax Collector		PIO 010524 0042	SSDAL IVDU 103 Serial Number	Address Mally Creek St Spring Lake NC 28290 Address NC 87 S Sunfard NC 27332	Date 1-25-1	ERME

.

910 814 4017 08/16/2017 15:33 #121 P.001/001

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. Application Number 17-50041760 Property Address 43 SARAH CIR Date 8/16/17 PARCEL NUMBER 01-0524- - -0063- - -Application type description CP MOBILE HOME PARK Subdivision Name Property Zoning PENDING Owner Contractor _____ HAYES RUSSELL & S OWNER RT 1 BOX 476 SPRING LAKE NC 28390 Applicant LAPINSKI FRANKIE 153 KELLY CREEK ST SPRING LAKE NC 28390 (910) 728-5405 --- Structure Information 000 000 14X80 SWMH 3BDR 1997 Other struct info # BEDROOMS MOBILE HOME YEAR PROPOSED USE 3.00 1997.00 PROPOSED USE SFD SEPTIC - EXISTING? EXIST _____ Permit MANFACTURED HOME PERMIT Additional desc . . Phone Access Code . 1205152 Issue Date . . . 8/16/17 Valuation . . . Expiration Date . . 8/16/18 0 _____ Special Notes and Comments T/S: 07/03/2017 03:31 PM LLUCAS ----

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.							
Application Number 17-50041760 Date 2 Application Number 17-50041760 Date 8/16/17 Property Address 43 SARAH CIR PARCEL NUMBER 01-0524- -0063- - Application description CP MOBILE HOME PARK Subdivision Name . . Property Zoning . . PENDING Permit . . MANFACTURED HOME PERMIT							
Additional desc Phone Access Code . 1205152							
Required Inspections							
Seq		Insp Code	Description	Initials	Date		
10 10 20 30	814	T501 A814 Z818 T507	ADDRESS CONFIRMATION PZ*ZONING INSPECTION				