

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: Frankie Lapinski Address: 43 Sarah Cir.

City: Springlake State: NC Zip: 28390 Daytime Phone: (910) 728-5405

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: _____

Phone: _____ Address: _____

City: _____ State: _____ Zip: _____

State Lic# owner Email: _____

B. **Electrical Contractor** Company Name: _____

Phone: _____ Address: _____

City: _____ State: _____ Zip: _____

State Lic# owner Email: _____

C. **Mechanical Contractor** Company Name: _____

Phone: _____ Address: _____

City: _____ State: _____ Zip: _____

State Lic# owner Email: _____

D. **Plumbing Contractor** Company Name: _____

Phone: _____ Address: _____

City: _____ State: _____ Zip: _____

State Lic# owner Email: _____

Part III - Manufactured Home Information

Model Year: 1997 Size: 14'x80' **Complete & follow zoning criteria sheet**

Park Name: Hayes MHP Lot Number: 43

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.

Frankie Lapinski
Signature of Home Owner or Agent

8-16-2017
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.



MOBILE HOME MOVING PERMIT

CITY OF HARNETT
COUNTY OF NORTH CAROLINA

PERMIT NUMBER 26173

Date 1-25-17

Person is granted to:

MR LOUISVI - BRIDGES 153 Kelly Creek St Spring Lake NC 28390
Address

MR PATT MURPHY 3335 NC 815 Sanford NC 27332
Address

Use the following mobile home:

Year 1999 Size 14x80
Model SSDA1101103
Serial Number

153 Kelly Creek St Spring Lake NC 28390 PID 010515 0367
Address

48 Sarah Ave Spring Lake NC 28390 PID 010524 0063
Address

Permit is issued in accordance with the provisions of G.S. 105-316.1 through G.S. 105-316.8
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.

C. Mitchell
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.

Application Number 17-50041760 Page 2
 Property Address 43 SARAH CIR Date 8/16/17
 PARCEL NUMBER 01-0524- - -0063- - -
 Application description . . . CP MOBILE HOME PARK
 Subdivision Name
 Property Zoning PENDING

 Permit MANUFACTURED HOME PERMIT

 Additional desc . . .
 Phone Access Code . 1205152

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	_____	___/___/___