

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: Michael Taylor Address: 100 Raymack DR.  
City: Lillington State: NC Zip: \_\_\_\_\_ Daytime Phone: ( 919 ) \_\_\_\_\_

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

Name: T & T Properties Address: 465 Larence Rd.  
City: Broadway State: NC Zip: 27565 Daytime Phone: ( 919 ) 770-0706

**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: Christian MH Movers  
Phone: (919) 770-9660 Address: 544 Golden Hill Ln.  
City: Sanford State: NC Zip: 27330  
State Lic# 2367 Email: \_\_\_\_\_
- B. **Electrical Contractor** Company Name: Self  
Phone: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
State Lic# \_\_\_\_\_ Email: \_\_\_\_\_
- C. **Mechanical Contractor** Company Name: Self  
Phone: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
State Lic# \_\_\_\_\_ Email: \_\_\_\_\_
- D. **Plumbing Contractor** Company Name: Self  
Phone: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
State Lic# \_\_\_\_\_ Email: \_\_\_\_\_

**Part III - Manufactured Home Information**

Model Year: 1989 Size: 14x 70 *Complete & follow zoning criteria sheet*  
Park Name: Applewood MH Park Lot Number: 65

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.

Michael Taylor  
Signature of Home Owner or Agent

10/2/17  
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.

LEE COUNTY

Committed Today for a Better Tomorrow

# MOBILE HOME TAX PERMIT

COUNTY OF LEE  
STATE OF NORTH CAROLINA

PERMIT NUMBER: 5289  
DATE: 10/17/2017

OWNER MICHAEL TAYLOR 70510 Acct.# 359 ROY WOOD LN SANFORD, NC 27330 ADDRESS

CARRIER CHRISTIAN MH MOVERS 544 GOLDEN HILLS LN SANFORD, NC 27330 (919) 770-9660 ADDRESS CARRIER PHONE #

MAKE KNOX 1989 MODEL 14X70 SIZE K32874 SERIAL NUMBER

359 ROY WOOD LN SANFORD NC LEE  
FROM Address City State County

65 APPELWOOD DR BROADWAY 27505 HARNETT COUNTY  
TO Address City State County

This permit is issued in accordance with the provisions of G.S. 105-316.1 through 105-316.8 the General Statues 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.

D. FITZPATRICK  
Tax Collection Manager  
Lee County

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 . . . . . 17-50041892 Date 10/17/17  
Property Address . . . . . 67 ROMAS DR  
PARCEL NUMBER . . . . . 13-9681- - -0038- - -  
Application type description CP MOBILE HOME PARK  
Subdivision Name . . . . .  
Property Zoning . . . . . PENDING

Owner

-----  
T & T PROPERTIES LLC  
465 LAWRENCE RD  
BROADWAY NC 27505

Contractor

-----  
CHRISTIANS MOBILE HOME MOVERS  
544 GOLDEN HILLS LANE  
SANFORD NC 27332  
(919) 499-6720

Applicant

-----  
TAYLOR MICHAEL  
100 RAYMACK DR  
LILLINGTON NC 27546  
(910) 514-9752

--- Structure Information 000 000 14X70 3 BR NO DECKS OR PORCHES  
Other struct info . . . . . # BEDROOMS 3.00  
MOBILE HOME YEAR 1989.00  
PROPOSED USE SWMH  
SEPTIC - EXISTING? EXISTING

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Permit . . . . . MANUFACTURED HOME PERMIT

Additional desc . . . . .

Phone Access Code . . . . . 1214980

Issue Date . . . . . 10/17/17

Valuation . . . . . 0

Expiration Date . . . . . 10/17/18

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Special Notes and Comments

T/S: 07/21/2017 12:44 PM DJOHNSON --  
421 TOWARDS SANFORD. LEFT AT LIGHT ON  
MCARTHUR RD. THEN FIRST RIGHT ON  
ROSSER PITTMAN GO ALL THE WAY DOWN  
UNTIL YOU SEE WHITE FENCE ON RIGHT.  
ALMOST AT THE END OF ROSSER PITTMAN.

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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	_____	___/___/___