

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: Rachel Schliebe Address: 1341 Lafayette Rd
 City: Fuquay Varina State: NC Zip: 27576 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)

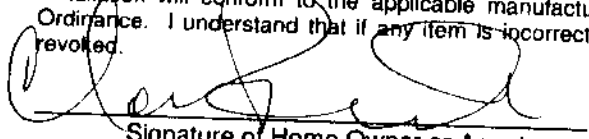
- A. **Set-Up Contractor** Company Name: Raven Rock mth Movers
 Phone: 919-775-3600 Address: 3335 NC Hwy 875
 City: Sanford State: NC Zip: 27332
 State Lic# 3400 Email: N/A
- B. **Electrical Contractor** Company Name: D+T Electric
 Phone: _____ Address: 2046 Christain Light Rd
 City: Fuquay Varina State: NC Zip: 27576
 State Lic# 19402-L Email: N/A
- C. **Mechanical Contractor** Company Name: Arctic Air
 Phone: _____ Address: 311 Laurel Ridge dr
 City: Clayton State: NC Zip: 27520
 State Lic# 24472 Email: _____
- D. **Plumbing Contractor** Company Name: Raven Rock mth Movers
 Phone: 919-775-3600 Address: 3335 NC Hwy 875
 City: Sanford State: NC Zip: 27332
 State Lic# 3400 Email: N/A

Part III - Manufactured Home Information

Model Year: 2001 Size: 14x76 **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.


 Signature of Home Owner or Agent

8/29/17
 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.*



MOBILE HOME TAX PERMIT

44 _____

PERMIT NUMBER 3144
Date 8/15/17

Chatham County Tax Collector
P.O. Box 697
Pittsboro, N.C. 27312

COUNTY OF CHATHAM
STATE OF NORTH CAROLINA
Permission is granted to:
Rachel Schliebe
Owner

1341 Lafayette Rd ~ Fuquay Varina, NC 27526
Address

Raven Rock Mobile Home Movers 3335 NC 87 S ~ Sanford, NC 27332 License Number 3400
Carrier Address

to move the following mobile home:

CHAM 2001 14X78 14004598
Make Model Size Serial number

From: 235 J McCrimmon Ln ~ Sanford, NC 27330
Address

To: 118 Myatt Ln ~ Angier, NC 27501
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.

Suprese White
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 17-50042052 Date 8/30/17
Property Address 118 MYATT LN
PARCEL NUMBER 04-0682- - -0093- - -
Application type description CP MOBILE HOME PARK
Subdivision Name
Property Zoning RES/AGRI DIST - RA-20M

Owner Contractor

MYATT NANCY ROSE SILVERS RAVEN ROCK MOBILE HOME MOVER
4586 NC 55 W 3335 NC 87 HWY.
ANGIER NC 27501 SANFORD NC 27332
(919) 639-2250 (919) 775-3600

Applicant

BIGGS ANGELA #118

(919) 880-7787
--- Structure Information 000 000 14X76 3BDR SWMH
Other struct info # BEDROOMS 3000000.00
MOBILE HOME YEAR 2001.00
PROPOSED USE SWMH
SEPTIC - EXISTING? EXT TANK

Permit MANUFACTURED HOME PERMIT
Additional desc
Phone Access Code 1207299
Issue Date 8/30/17 Valuation 0
Expiration Date 8/30/18

Special Notes and Comments
T/S: 08/14/2017 02:42 PM JBROCK ----
210 TO ANGIER TURN R ON 55 GO APPROX 4
MILES TURN L ON GUY RD PARK ON R

HARNETT COUNTY CENTRAL PERMITTING

P.O. BOX 65

LILLINGTON, NC 27546

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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	_____	___/___/___