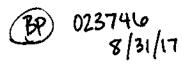
| Application # | 17 | -51 | 1042147 | |
|---------------|----|-----|---------|--|
| | | | | |

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



| | Γank in a Mobile Hom | e Park | SCANNE |
|--|--------------------------|-------------------------------------|--------------|
| Applicant Name: Kodney lart | Date |) : | AUG 3 1 2017 |
| Address: 20, Box 111 | | | |
| Application for Existing Septic Applicant Name: Rodney Tart Address: 20. Box 111 Telephone: 252-289-2206 | | | |
| Property Owner: Pod Ney Tavt ot Address: PNT Mobile Itomy Pay Parcel: 120556 0206 SW_DW_TW (Size 14 x 70); | Phone: | 3 48-8819.0 Year_ 1985 | <u> </u> |
| Power Company: | For Progress Energy we r | leed the premise | number.) |
| Specific Directions to Job from Lillington: | | 130 Eru | in Mc No |
| | | 10000 | TIT III CIT |
| | | | |
| here is a \$100.00 charge for this service. This ntended use of the septic system changes, o | | | |
| opplication. You signature below certifies that all above informations and all above informations are all above informations. | ation is correct. | 4 | |
| ou signature below certifies that all above information | Tran of | | |
| ou signature below certifies that all above informations and all above informations of owner or authorized agent: | R OFFICE USE ONLY | <u></u> | |

Application #_ Harnett County Central Permitting

PO Box 65 Lillington, NC 27546

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Application for Manufactured Home Set-Up Permit (Please till out each part completely)

| Part I - | -Owner Information: Owner Information (To be completed by c | owner of the manufactured home) |
|-------------------------|--|---|
| Name: | RODNEY TEXT | Address: |
| City: | State: No | Zip: 27542 Daytime Phone: () |
| Landov | vner Information (To be completed by land | idowner, if different than above) |
| Name: | | Address: |
| City: _ | State: | Zip: Daytime Phone: () |
| Part II | - Contractor Information (To be complete | ed by Contractors or Homeowner, if applicable. |
| A. | Name, address. Set-Up Contractor Company Name: | & phone must match information on license) |
| | | ss: 1085 ADVILG KD |
| | | 11/1C Zip: 27504 |
| _ | State Lic# 2 6 59 | |
| В. | Electrical Contractor Company Name: | DATRICK ELLIBION |
| | Phone: 112 - 23 /- 1-344 Addres | ss: 13,09 N MAINSE. |
| | City: LILLINGTON State: | NC Zip: 27546- |
| _ | State Lic# 410 U Email: | |
| C. | | e: |
| | | ss; |
| | City: State: | Zip: |
| D | State Lic#Email: | |
| D. | Plumbing Contractor Company Name: | SS: PO. POX 764 |
| | City 14 14 / Const. School 10 Const. | NC Zip: 2759Z |
| | State Light 10660-D-1 Facility | 10C 21p: |
| Part III | - Manufactured Home Information | 1985 TITAN 2 3000 Z BI |
| Model Y | 'ear: 1965 Size: 1- x 70 | Complete & follow zoning criteria sheet |
| Park Na | Clare the land | Part Lot Number: 3 |
| intormati installati | on and have obtained their permission to pu on will conform to the applicable manufactu | this permit, that the application is correct including the contractor urchase these permits on their behalf, and that the construction or ured home set-up requirements, and the Harnett County Zoning t or false information has been provided that this permit could be |
| | Am Just | 8131/2017 |
| | Signature of Home Owner or Agent | 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 if available, the serial number.

Date

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