

Application # 16.50044330

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



Application # 4445

Harnett County Central Permitting
PO Box 65 Lillington, NC 27546

Telephone Number: 910-893-7525 Fax 910-893-2793 www.harnett.org/permits

Application for Manufactured Home Set-Up Permit

Part Hom	I -Owner Information:
Nam	ne Owner Information (To be completed by owner of the manufactured home) ae: Address:
City	Address:
Only.	State: Zip: Daytime Phone: ()
Land	owner Information (To be completed by landowner, if different them also as
Nam	e:NC land Lease, L.C. Address: P.O. BOX 2533
City:	Christianburg State: VA Zip: 24068 Daytime Phone: 00 3573474
Part I	I - Contractor Information /To be constituted
A.	Set-Up Contractor Company Name: ROLLIO COCK Contractor on license)
	Address: 5005 NC Heby 875
	City. Or a State: NC. = 27227
	State Lic# 5400 Fmail:
3.	Electrical Contractor Company Name: Edwin Johnson / Red Top Flec
	Phone:
	City: De itora
	State Lic# 19422-L Email:
	Mechanical Contractor Company Name: TIN 5HOP
	Phone: Address: 3489 Edwards Rd
	City: Sanford State: NC Zip: 27332
	State Lic# 22513 Email:
	Dhann 17 17 100 10
	City Dantord
	State Lieu ALIII
el	Manufactured Home Information
dal Va	ear: 2018 Size: 14x 66 Complete & follow zoning critoria short
k Nan	ne: Anderson (reer 58 And Amore
	ertify that I have the authority to apply for this permit, that the application is correct including the contractor will conform to the applicable manufactured home set-up requirements, and that the construction or I understand that if any item's incorrect or false information has been provided that this permit could be
-10	gnature of Home Owner or Agent 4-9-2018
	Date

SETUP

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

ADDDESS	Sales, LLC			P	PHONE	540-35	7-347	6	DATE	07/18/201	18	
	Street, Spri	ng Lake NC	28390				SALESPE	RSON		01110120		
DELIVERY ADDRESS	oucet, opin	ng Lake, 140	20000									
MAKE & MODEL					T							
MAKE & MODEL	C	ayton Elation	n	YEAR 2018	BEDROOMS 3	FLOOR 14	-	HITCH	SIZE	STOCK NUMBER	R	
SERIAL NUMBER		710 3		w 66	SED DELIVERY DATE		KEYNUMBERS					
(CWP039035	ΓN	■ NEW color		Flint	PROP		n Site		RETHUMBERS		
LOCATION	R-VALUE	THICKNESS	TYPE OF INSULATION	ıT	R	ASE P		F UNIT	s	23,369	00	
CEILING							OPTIONAL EQUIPMENT					
EXTERIOR			Fiberglass	-	HOITE EQU	11 141-14			+	-		
FLOORS			Fiberglass				5	SUB-TOTA	AL S			
THIS INSULATION INFOR	MATION WAS I	FURNISHED BY	THE MANUFACTURER AN	ID TIT	LE FEE				-			
			TRADE COMMISSION RU		ES TAX		NO	0				
16CFR, SECTION 460.16.												
OPTIONAL E	EQUIPMENT,	LABOR AND	ACCESSORIES	NOI	N-TAXABLE I	TEMS						
	\$					AND IN	SURAN	CE				
				CASH PURCHASE			RICE	///////////////////////////////////////				
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				-	ES TAX (If N			_	_			
***					paid Balanc				\$	23,369 tional terms		
REMARKS: Sale contingent u	upon Buiver			Hom option	cribed man ne Constructional equipment been volu	ufactu ction ar ent and intary;	red ho nd Safe access that E	me built ety Stand ories, the Buyer's	to to to dards insu	asing the all the Manufact (HUD Code) rance as described in its free to	tured), the ribed	
Annette Sands agrees that t		t be moved out	of the park and		laims whats							
that there will be a lien on th				ESI	MAIED RA			1000000		led by financer %		
home does not get moved o		,	3	NUM	IBER OF YE	ARS	To be pro	ovided by fina				
	RRIED TO OPTION	I FOLIDMENT							incer			
BALANCE CAP		T COOL WITH	\$	EST	MATED MO		PAYME	NTS \$		ovided by financer		
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