

**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

(Please fill out each part completely)

**Part I - Owner Information:**

Home Owner Information (To be completed by owner of the manufactured home)

Name: Tommy West Address: 769 Shady Grove Rd

City: Spring Lake State: NC Zip: \_\_\_\_\_ Daytime Phone: 910 514-1490

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: \_\_\_\_\_

Setup Signature: Tommy West State Lic# owner

B. **Electrical Contractor** Company Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Electrician's Signature: Tommy West State Lic# owner

C. **Mechanical Contractor** Company Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

HVAC Signature: Tommy West State Lic# owner

D. **Plumbing Contractor** Company Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Plumber's Signature: Tommy West State Lic# owner

**Part III - Manufactured Home Information**

Model Year: 1991 Size: 14x60 # of Bedrooms 3

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 signatures, 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.

Tommy West  
Signature of Home Owner or Agent

10/10/08  
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.



# MOBILE HOME MOVING PERMIT

COUNTY OF HARRIS  
STATE OF NORTH CAROLINA  
Permission is granted to:

PERMIT NUMBER NO 1978  
Date 12-4-06

Owner Tommie West Address 1060 Country Time dr Bunker 1 NC

Carrier Davis Mobile Home Movers Address Hope Mills NC  
to move the following mobile home:

Make West Model 1991 Size 14x60 Serial Number 16LD4102

From: 75# 80 Shiner Circle Springs Lake NC 283910708  
Address

To: 771 Shady Grove Rd Spring Lake NC 283910  
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.

Albin Tax Program Asst  
County-City Tax Collector