

10841

Harnett County Central Permitting

PO Box 65 Lillington, NC 27546

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

Application for Manufactured Home Set-Up Permit

(Please fill out each part completely. Must be accompanied by moving permit)

Part I - Owner Information:

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

Name: Miguel A. Salas Address: PO Box 1414

City: Coats State: NC Zip: 27521 Daytime Phone: (919) 894-9399

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: MARKS Mobile Home Setups State Lic# 3441

Phone: 919-499-2768 Address: 1258 BLACK RD

City: CAMERON State: NC Zip: 28326

Setup Signature: [Signature]

B. Electrical Contractor Company Name: WES MATTHEWS RESIDENTIAL State Lic# 21204

Phone: 919-868-8187 Address: 5691 PARKS CHURCH ROAD

City: FURFUR VARINA State: NC Zip: 27526

Electrician's Signature: [Signature]

C. Mechanical Contractor Company Name: INDOOR COMFORT State Lic# 17615

Phone: 910-897-1853 Address: 1953 OLD STAGE ROAD

City: ERWIN State: NC Zip: 28339

HVAC Signature: [Signature]

D. Plumbing Contractor Company Name: OWNER State Lic#

Phone: Address:

City: State: Zip:

X Plumber's Signature: Miguel A. Salas

Part III - Manufactured Home Information

New Used Singlewide Doublewide Triplewide

Model Year: 1999 Size: 28x80 Private Property Manufactured Home Park

Park Name: Lot Number:

Directions to site or Manufactured Home Park from Lillington: TAKE HW 27 WEST TO SR 1250 at MASON STORE X ROAD (NORTHINGTON RD). TURN LEFT ON MACK ROAD. LOTS ON LEFT BEFORE CURVE. MCNEIL ACRES

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.

[Signature] Signature of Home Owner or Agent

2-10-07 Date

*Effective July 1, 2004, a Harnett County Tax Department (Moving Permit) must be purchased before a Set Up Permit will be issued.

MVR 191 (Rev 11/01)

CERTIFICATE OF TITLE

VEHICLE IDENTIFICATION NUMBER
NCFLW41AB50537GB12
TITLE NUMBER
775752050988112 * DUPLICATE *

YEAR MODEL
1999

MAKE
GLEN
TITLE ISSUE DATE
04/26/2005

BODY STYLE
MH
PREVIOUS TITLE NUMBER
778392010750092

WAYLON BLUE BUCHANAN
771 BROWN RD
LILLINGTON NC 27546-8384

MAIL TO

ODOMETER READING
ODOMETER STATUS
TITLE BRANDS

OWNER(S) NAME AND ADDRESS

WAYLON BLUE BUCHANAN
771 BROWN RD
LILLINGTON NC 27546-8809



The Commissioner of Motor Vehicles of the State of North Carolina hereby certifies that an application for a certificate of title for the herein described vehicle has been filed pursuant to the General Statutes of North Carolina and based on that application, the Division of Motor Vehicles is satisfied that the applicant is the lawful owner. Official records of the Division of Motor Vehicles reflect vehicle is subject to the liens, if any, herein enumerated at the date of issuance of this certificate.

As WITNESS, his hand and seal of this Division of the day and year appearing in this certificate as the title issue date.

[Signature]
COMMISSIONER OF MOTOR VEHICLES

FIRST LIENHOLDER: DATE OF LIEN

LIEN RELEASED BY:
SIGNATURE _____
TITLE _____ DATE _____

SECOND LIENHOLDER: DATE OF LIEN

LIEN RELEASED BY:
SIGNATURE _____
TITLE _____ DATE _____

THIRD LIENHOLDER: DATE OF LIEN

LIEN RELEASED BY:
SIGNATURE _____
TITLE _____ DATE _____

FOURTH LIENHOLDER: DATE OF LIEN

LIEN RELEASED BY:
SIGNATURE _____
TITLE _____ DATE _____

ADDITIONAL LIENS:

78777885

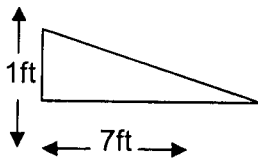
PROCEDURES AND GUIDELINES FOR MANUFACTURED HOME INSPECTIONS

RA-20R Criteria Certification

I, Miguel A Sales, understand that because I'm located in a
(Print Name)

RA-20R Zoning District and wish to place a manufactured home in this district I must meet the following criteria before I will be issued a certificate of occupancy for this home.

1. The home must have a pitched roof, for a manufactured home, whether A-shaped or rounded, which has a minimum rise of twelve (12) inches for every seven (7) feet of width. (See diagram)



A-Shaped



Rounded

Note: Most
Rounded Roofs
will not meet this
requirement!

2. The home must be underpinned, the underpinning must be installed in good workmanship-like manner along the entire base of a manufactured home, except for ventilation and crawl space requirements, and consisting of the following: metal with a baked-on finish of uniform color; a uniform design and color vinyl; or brick, cinder block, and stone masonry as well as artificial stone masonry.
3. The homes moving apparatus removed, underpinned or landscaped.

Miguel A Sales
*Signature of Property Owner/Agent

3-12-07
Date

***By signing this form the owner/agent is stating that they have read and understand the information on this form**



MOBILE HOME

B

MOVING PERMIT

COUNTY OF Rowan
STATE OF NORTH CAROLINA
emission is granted to:

PERMIT NUMBER N° 1251
Date 2-13-07

Owner Jonathan B Buckner 771 Brown Rd Dillington NC 27540

Carrier Mobile Home Sales State Lic # 3441 1258 Black Rd Cameron NC 28320
to move the following mobile home: Address

Make Eben 1999 Model 28x80 Size NCFL041AB50537GB12 Serial Number

From: 42 McKay Dr Spring Lake NC 28390 Address

To: Subdivision McNeill Acres Sec 2 Lot #15 Dillington NC 27544 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.

[Signature]
County-City Tax Collector

THIS PERMIT VALID FOR THIS MOVE ONLY.