Harnett County Central Permitting PO Box 65 Lillington, NC 27546 Tolephone Number 910-893-4759

Application for Manufactured Home Set-Up Permit Please fill in each part completely: Part I - Home Owner Information (To be completed by owner of the manufactured home) Address: · Zip: 27330 Daytime Phone: () 9,19 State: A 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) Set-Up Contractor Company Name: MARKS Mobile Home Set-up State Liett 3441 ٨. Phone # 499-27.68 _Address:_/25& City: CAMEADY Signature В. Blectrical Contractor Company Name Address: City: SANTIME Mechanical Commeter Company Name: C. State Lic# 15020 Phone # Address City: SANTA Signature: Kebecca. D. Plumbing Contractor Company Name State Lie# 11543 Phone #910 .243-5400 Address: City: Limbas Signature: Part III - Manufactured Home Information New Model Year 07 Size Used Singlewide Doublwide Triplewide Private Property S D Park-Name; Directions to site or Manufactured Home Park from Lillington: 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 of Owner or Agent

* Each section below to be filled out by whomever performing work. Must be owner or licensed contractor. Address, company name & phone must match information on license.

Application # 0750017286

Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
Telephone Number 910-893-7525 www.harnett.org

Application for Building and Trade Permit

Owner's Name: Pine G-Rue Dev	, parang and mass	Date: 4-18-07
Address: 422 Buffalo LAICE	s Rd.	Phone: 498-2204
	<i></i>	7 110110. <u> </u>
Directions to job site from Lillington:		
Subdivision: <u>NAtures</u> Cross Roa	nds	Lot: 3 /
Construction Type: (Please Check)	Building Use: (Please	Check)
New Moved House Addition Other	Residential Modular	Commercial Multi-Family
Total Project Cost: 8 00 Description of I	Proposed Work:	X12' BRICK Stoop.
Heated SFCrawl Space ()	Contractor Information Building Construction	Cost \$ 80 00
Unheated SF 9 6 Slab (4)	Acres Disturbed	Stories/
Stouaux Son's Consta.		-2204
Building Contractor's Company Name	Telephone	
101 Wimble Clay Dave.		29/86
Address		License #
Signature of Owner/Contractor/Officer(s) of Cor	poration – Must sign back cal Permit Information	of form & workers comp
Description of Work	Electrical Co	st \$
TS Pole: Yes () No () Underground ()	Overheard ()	:Amps
Permanent Service: Underground () Overh	ean() Service Size	
Electrical Contractor's Company Name	Telephone	
Address		License #
	<u> </u>	
Signature of Officer(s) of Corporation Mechan	nical Permit Information	on
Description of Work	1.00	
Number of Units Type System	/U / Mer	chanical Cost \$
Mechanical Contractor's Company Name	Telephone	
Address		License #
Address		
Signature of Officer(s) of Corporation	— sing Permit Information	ın
Description of Work		
Number of Baths	Plumbing e	ost \$
Plumbing Contractor's Company Name	Telephone	
Address		License #
Signature of Officer(s) of Corporation Insulation Permit Information	on Residential () Øtl	net () Not Required ()
Insulation Contractor's Company Name & Add	ress	Telephone

Affidavit for Worker's Compensation N.C.G.S. 87-14

The undersigne	d applicant for Building Permit # <u>07_5001_7286</u> being the:		
	General Contractor Owner Officer/Agent of the Contractor or Owner		
Do hereby conf the work set for	irm under penalties of perjury that the person(s), firm(s) or corporation(s) performing the in the permit:		
	Has/have three (3) or more employees and has/have obtained workers' compensation insurance to cover them.		
	Has/have one (1) or more subcontractors(s) and has/have obtained workers' compensation insurance to cover them.		
	Has/have one (1) or more subcontractors(s) who has/have their own policy of workers' compensation insurance covering themselves.		
	Has/have not more than two (2) employees and no subcontractors.		
Department iss insurance prior	n the project for which this permit is sought it is understood that the Central Permitting uing the permit may require certificates of coverage of worker's compensation to issuance of the permit and at any time during the permitted work from any person, on carrying out the work.		
Firm Name:	Pine Gasoe DW.		
Sign/Title:	Dan D. Storal - Cowster mar.		
Date: 니-	-18-07		



Date:

April 18, 2007

Memo to:

Harnett County Central Permitting

From:

Pine Grove Development Corp.

RE:

Lot #31, Nature's Crossroads, Phase II - Harnett County, NC

Application # _0750017286_____

We certify that the manufactured home to be place on the above noted lot is a 2007 model Champion home.

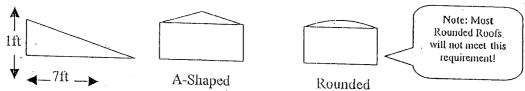
James D. Stovall Construction Manager - PGDC

RA-20R Criteria Certification

1, JAMES S-toury	, understand that because I'm located in a RA-20R
(Print Name)	To cated in a 10-1-2010

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)



- 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.

Signature of Property Owner Date

Procedures and Guidelines for Manufactured Home Inspections

- 1. All pertinent applications and information must be filled out completely at central permitting in order to start the process, this includes the following:
 - County of Harnett Land Use & Environmental Health Application
 - > Site Plan (must be to scale)
- 2. Then you must call Environmental Health (910-893-7547) to receive a confirmation number in order to set up environmental inspection. (This is a 7-10 day process)
- 3. After the environmental inspection takes place then you must call central permitting (910-893-4759) to ensure that the environmental health permit has been issued.
- 4. Then you must return to central permitting to purchase manufactured home set-up permit and land use permit. (See Harnett County fee schedule for all applicable fees.)
- 5. After the Manufactured Home is installed in accordance with the State of North Carolina Regulations for Manufactured/Mobile Homes, 1995 Edition, the applicant must call the Harnett County Inspections Department (910-893-7527) for set-up inspection. This will be the first of two separate inspections.

 Note: Do not install underpinning until this inspection is complete!
- 6. Complete all zoning requirements listed above and call the Harnett County Planning Department for final inspection (910-893-7525). Once this inspection is completed and all zoning requirements have been met, a final Certificate of Occupancy will be issued for the home and the power may be turned on.

All reinspections may subject you to reinspection fees!