

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: Diane Kelchner Address: 2965 Gillespie St
City: Fayetteville State: NC Zip: 28306 Daytime Phone: (910) 323-8222

Landowner Information (To be completed by landowner, if different than above)

Name: NORMAN WALLACE Address: 8406 NC Hwy 27
City: Lillington State: NC Zip: 27546 Daytime Phone: (910) 893-2289

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: Michael Douglas Locklear State Lic# 3660
Phone: 910 740 2030 Address: 226 Shannon Rd
City: Lumberton State: NC Zip: 28360

Setup Signature: Doug Locklear

B. Electrical Contractor Company Name: JOEY HARDIN Elec SER State Lic# 19728-L
Phone: 910 740-6694 Address: 2352 Tobacco Rd
City: FAIRMONT State: NC Zip: 28340

Electrician's Signature: Joey Hardin

C. Mechanical Contractor Company Name: GLENN SERVICE Co ^{Billy Glenn} State Lic# 12327H3
Phone: 919-779-0849 Address: 6005 BRACK PENNY RD
City: RALEIGH State: NC Zip: 27603

HVAC Signature: Billy Glenn

D. Plumbing Contractor Company Name: Allen Richard Callahan State Lic# 08910
Phone: 910-964-4242 Address: 1551 YARBOROUGH RD
City: PARKTON State: NC Zip: 28371

Plumber's Signature: Allen Richard Callahan

Part III - Manufactured Home Information

Model Year: 2007 Size: 32x60 # 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.

[Signature]
Signature of Home Owner or Agent

5/14/07
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 new or from a dealer, we need proof of year on the Form 500 and if available, the serial number.

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

Application # _____

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: DIANE KELCHNER Date: 5/14/07

Address: 2965 Gillespie St Fayetteville, NC Phone: 910-323-8222

Directions to job site from Lillington: 24/27 turn Right ²⁸³⁰⁶ onto Springhill Church Rd
Left on Suitt Left on Rad Lot on Right

Subdivision: BEAGLE Run Lot: 11

Construction Type: (Please Check) Building Use: (Please Check)
 New Moved House Residential Commercial
 Renovation Addition Other Modular Multi-Family

Total Project Cost: 800.00 Description of Proposed Work: BX-16 RAISED PATIO

General Contractor Information

Heated SF Crawl Space () Building Construction Cost \$ _____
Unheated SF Slab () Acres Disturbed _____ Stories _____

Vision Homes 910-323-8222
Building Contractor's Company Name Telephone

2965 Gillespie St Fayetteville NC 28306 License #
Address

[Signature]
Signature of Owner/Contractor/Officer(s) of Corporation – Must sign back of form & workers comp

Electrical Permit Information

Description of Work _____ Electrical Cost \$ _____
TS Pole: Yes () No () Underground () Overhead ()
Permanent Service: Underground () Overhead () Service Size: _____ Amps

Electrical Contractor's Company Name Telephone

Address License #

Signature of Officer(s) of Corporation

Mechanical Permit Information

Description of Work _____
Number of Units _____ Type System _____ Mechanical Cost \$ _____

Mechanical Contractor's Company Name Telephone

Address License #

Signature of Officer(s) of Corporation

Plumbing Permit Information

Description of Work _____
Number of Baths _____ Plumbing Cost \$ _____

Plumbing Contractor's Company Name Telephone

Address License #

Signature of Officer(s) of Corporation

Insulation Permit Information Residential () Other () Not Required ()

Insulation Contractor's Company Name & Address Telephone

Commercial Jobs must fill out this portion
Sprinkler System Information

Sprinkler Contractor's Company Name

Contact & Telephone

Address

License #

Signature of Officer(s) of Corporation

Fire Alarm System Information

Fire Alarm Contractor's Company Name

Contact & Telephone

Address

License #

Signature of Officer(s) of Corporation

Driveway Access - NC Department of Transportation Driveway Access/Permit? Yes No

Homeowners Applying to Build Their Own Home

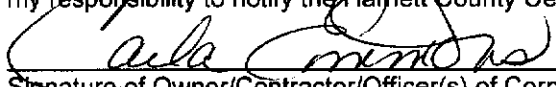
Please answer the following questions then see a Permit Technician to determine if you qualify for permit under Owners Exemption.

Questionnaire per G.S. 87-14 Regulations as to Issue of Building Permits (Memo available upon request)

1. Do you own the land on which this building will be constructed? ___ yes ___ no
2. Have you hired or intend to hire an individual to superintend and manage construction of the project? ___ yes ___ no
3. Do you intend to directly control & supervise construction activities? ___ yes ___ no
4. Do you intend to schedule, contract, or directly pay for all phases of construction work to be done? ___ yes ___ no
5. Do you intend to personally occupy the building for at least 12 consecutive months following completion of construction and do you understand that if you do not do so, it creates the presumption under law that you fraudulently secured the permit? ___ yes ___ no

Sign & date

I hereby certify that I have the authority to make necessary application, that the application is correct and that the construction will conform to the regulations in the Building, Electrical, Plumbing and Mechanical codes, and the Harnett County Zoning Ordinance. I state the information on the above contractors is correct as known to me and if any changes occur including listed contractors, site plan, building and trade plans, Environmental Health permit changes or proposed use changes, I certify it is my responsibility to notify the Harnett County Central Permitting Department of any and all changes.



Signature of Owner/Contractor/Officer(s) of Corporation

5/14/07

Date

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

The undersigned applicant for Building Permit # 0750017417R being the:

- _____ General Contractor
- _____ Owner
- X _____ Officer/Agent of the Contractor or Owner

Do hereby confirm under penalties of perjury that the person(s), firm(s) or corporation(s) performing the work set forth 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.

X _____ 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.

While working on the project for which this permit is sought it is understood that the Central Permitting Department issuing the permit may require certificates of coverage of worker's compensation insurance prior to issuance of the permit and at any time during the permitted work from any person, firm or corporation carrying out the work.

Firm Name: Vision Homes

Sign/Title: Carla [Signature] Managing Member

Date: 5/14/07