

Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
Telephone 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)

Name: Pine Grove Dev. Corp Address: 622 Buffalo Lake Rd.
City: SANFORD State: NC Zip: 27330 Daytime Phone: (919) 498-2204

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

Name: same as above Address: 11 Sweetbay Place
City: Cameron State: NC Zip: 28326 Daytime Phone: ()

Part II - Contractor Information (To be completed by Contractors or Homeowner, if applicable)

A. Set-Up Contractor Company Name: MARKS Mobile Home Set-up State Lic# 3441
Phone # 499-2768 Address: 1258 Black Rd.
City: Cameron State: NC Zip: 28326
Signature: Harold J. Marks

B. Electrical Contractor Company Name: GEB Electric State Lic# 17758-L
Phone # 499-1003 Address: 431 ALTONS LANE
City: SANFORD State: NC Zip: 27330
Signature: Gregg Katta

C. Mechanical Contractor Company Name: Rebecca Murphy State Lic# 15020
Phone # _____ Address: 209 S/Oop Ct.
City: SANFORD State: NC Zip: 27330
Signature: Rebecca Murphy

D. Plumbing Contractor Company Name: Phil Bryant State Lic# 11548
Phone # 910-843-5400 Address: P.O. Box 130
City: Lumberton State: NC Zip: 28357
Signature: Phil Bryant

Part III - Manufactured Home Information

New or Used Model Year 08 Size: 76' x 26' 8"
 Singlewide Doublewide Triplewide
 Private Property

Manufactured Home Park

Park Name: Nature's Crossroads Lot Number: 48

Directions to site or Manufactured Home Park from Lillington:

27W to Hwy 24 - left onto Hwy 24 - 5D is on rt
Dart Bradford Estates - turn rt onto Red Bird Drive - left
onto Gold Fox Circle - Lot 48 is on right corner.

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.

James O'Connell rep
Signature of Owner or Agent

5/29/08
Date



Date: May 29, 2008

Memo to: Harnett County Central Permitting

From: Pine Grove Development Corp.

RE: Lot # 48, Nature's Crossroads, Phase II - Harnett County, NC

Application # 0750017786R

We certify that the manufactured home to be placed on the above noted lot is a 2008 model Champion home.

James D. Stovall
Construction Manager - PGDC

* 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 # 0750017786

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 Grove Dev.

Date: 5-30-08

Address: 622 Buffalo Lakes Rd.

Phone: 498-2204

Directions to job site from Lillington: _____

Subdivision: Natures Cross Roads Lot: 48

Construction Type: (Please Check)

New Moved House
 Renovation Addition Other

Building Use: (Please Check)

Residential Commercial
 Modular Multi-Family

Total Project Cost: 800⁰⁰ Description of Proposed Work: 6x12s Back Stoop

General Contractor Information

Heated SF _____ Crawl Space ()

Building Construction Cost \$ 800⁰⁰

Unheated SF 96 Slab (x)

Acres Disturbed 0 Stories 1

Stovall & Son's Constr.

498-2204

Building Contractor's Company Name

Telephone

101 Wimbledon Drive

29186

Address

License #

James D. Stovall

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 MA 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

Sprinkler System Information - Commercial

Sprinkler Contractor's Company Name

Telephone

Contact Person

MA

Address

License #

Signature of Officer(s) of Corporation

Fire Alarm System Information - Commercial

Fire Alarm Contractor's Company Name

Telephone

Contact Person

MA

Address

License #

Signature of Officer(s) of Corporation

Driveway Access

NC Department of Transportation Driveway Access/Permit? Yes No

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.

James Stewart

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

5-30-08

Date

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

The undersigned applicant for Building Permit # 075001 2286 being the:

- General Contractor
- Owner
- 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.

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: Pine Grove Dev. Corp.

Sign/Title: James D. Stovall Const. mgr

Date: 5-30-08