

0750018563 SWMT  
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Application #

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)

Part I - Owner Information:

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

Name: Lely Magaly Castellanos <sup>ALVARADO</sup> Address: 481 McDuffie R.d

City: Cameroon State: NC Zip: 28326 Daytime Phone: (919) 498-2399

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

Name: SAME 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: Edwards Mobile Home State Lic# 1378 36248

Phone: 910-425-5750 Address: 6234 Camden

City: FAY State: NC Zip: 28306

Setup Signature: Edwards Mobile Home moves - by Lely Magaly Castellanos

B. Electrical Contractor Company Name: AS OWNER State Lic# ELC

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

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

Electrician's Signature: Lely M. Castellanos

C. Mechanical Contractor Company Name: AS OWNER State Lic# MM

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: 28826

HVAC Signature: Lely M. Castellanos

D. Plumbing Contractor Company Name: AS OWNER State Lic# PL

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

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

Plumber's Signature: Lely M. Castellanos

Part III - Manufactured Home Information

Model Year: 1999 Size: 24x60 # 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.

Lely M. Castellanos  
Signature of Home Owner or Agent

4/21/08  
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

(DOB)

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

PERMIT NUMBER No: 1458  
Date 4-18-2008

ALLEN POTTER DE LA STE LLANDS  
Owner Address

481 Mc DUFFIE RD CAMERON NC 28326  
Address

EDUARDOS MAT MOVERS  
Carrier Address

6234 Camden Rd Jay NC 28306  
Address

to move the following mobile home:

1999 MANSION 24x60  
Make Model Size

MHCNCA B397  
Serial Number

From: 340D Hwy. 24/27 CAMERON NC 28326  
Address

To: Lot # Seoster Jn. CAMERON NC 28326  
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.

P. Bankst. JAT Project Assistant  
County City Tax Collector  
Pat B. Smith