

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: 90 Sweet Bay 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: George Sath

C. Mechanical Contractor Company Name: Rebecca Murphy State Lic# 15020  
Phone # \_\_\_\_\_ Address: 209 Sloop Ct.  
City: SANFORD State: NC Zip: 27330  
Signature: Rebecca Murphy

D. Plumbing Contractor Company Name: Phil Bryant State Lic# 11548  
Phone # 910-943-5400 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: 56' x 26'8"  
 Singlewide  Doublewide  Triplewide  
 Private Property

Manufactured Home Park  
Park Name: Natures Crossroads Lot Number: 44  
SD

Directions to site or Manufactured Home Park from Lillington:  
27 W to Hwy 24 - turn left onto Hwy 24 - SD 150N  
right past Bradford Estates - rt onto Redbird Drive  
left on Goldfinch - right on Sweetbay - Lot 44 is on right

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'Stevell  
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 # 44, Nature's Crossroads, Phase II - Harnett County, NC

Application # \_0750018862R\_

We certify that the manufactured home to be place 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 # 0750018862

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.  
Address: 622 Buffalo Lakes Rd.  
Directions to job site from Lillington: \_\_\_\_\_

Date: 5-30-08  
Phone: 498-2204

Subdivision: NATURE CROSS ROADS Lot: 44

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

Total Project Cost: 800<sup>00</sup> Description of Proposed Work: 8'x12' Brick Stoop

**General Contractor Information**

Heated SF \_\_\_\_\_ Crawl Space ( ) Building Construction Cost \$ 800<sup>00</sup>  
Unheated SF 96 Slab (x) Acres Disturbed 0 Stories 1

Stovall & Son's Constr. Telephone 498-2204  
Building Contractor's Company Name

101 Wimbledon Driv. License # 29186  
Address

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.

*Jan D. Stovel*  
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 # 07501 8862 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. Strahl

Date: 5-30-08