

19394

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: Glyda L Patterson Address: 4271 Leap Lat Cr Rd
City: Bronxway State: NC Zip: 27507 Daytime Phone: () 919 258-5538

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)

A. Set-Up Contractor Company Name: Raven Rock M & M Movers State Lic# 3400
Phone: 919 775-3600 Address: 2516 Telford Davis Hwy
City: SANFORD State: NC Zip: 27332
Signature: [Signature]

B. Electrical Contractor Company Name: Bobby Sharpe Elec State Lic# 23262-L
Phone: 919 498 3610 Address: 397 Hoover Rd
City: SANFORD State: NC Zip: 27332
Signature: [Signature]

C. Mechanical Contractor Company Name: Alvin B. Collins Co State Lic# 11591
Phone: 910 893 2435 Address: 730 Collins Rd
City: Lillington State: NC Zip: 27546
Signature: [Signature]

D. Plumbing Contractor Company Name: Cox Brothers State Lic# 08644
Phone: 919 258 3622 Address: 8301 Hillcrest Farm Rd
City: SANFORD State: NC Zip: 27330
Signature: [Signature]

Part III - Manufactured Home Information

New Used

Singlewide Doublewide Triplewide

Model Year: 1998 Size: 28x64

Private Property Manufactured Home Park

Park Name: _____ Lot Number: _____

Directions to site or Manufactured Home Park from Lillington: 24127 Rt on
Burton ac Dr @ 1000 feet. Drive 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.

[Signature]
Signature of Owner or Agent

3/5/08
Date

*Effective July 1, 2004, a Harnett County Tax Department Moving Permit must be purchased before a Set Up Permit will be issued.



NEW MOBILE HOMEOWNERS FOR 2008

Mailing List ID	1
First Name	CLYDE
Middle Name	
Last Name	PATTERSON
Spouse's Name	
Address	4271 LEAFLET CHURCH ROAD
City	BROADWAY
State	NC
Postal Code	27505
Home Phone	919 258 5538
Work Phone	
Mobile Phone	
Fax Number	
Email Address	
Birthdate	
Data Set Up	1/25/2008
Employee ID	MARGARET WRIGHT
Social Security Number	
Spouse's Employer	
Spouse's Social Security Number	
Description of Property	1998 MOBILE HOME 28X64
Date took Possession	1/25/2008
County MH was moved from or which mfg	HARNETT TO HARNETT
Park or lot mh situated on (parcel number and owner name)	PRIVATE LAND
Lender Name and address	

Notes

JB said ok to take per BB

STATE OF NORTH CAROLINA

MVR 191 (Rev 05/07)

Deertrac 31W Wallace Foley Lot

CERTIFICATE OF TITLE

VEHICLE IDENTIFICATION NUMBER
HHINC4973AB

YEAR MODEL
1998

MAKE
HEAR

BODY STYLE
MH

TITLE NUMBER
774662080391047

TITLE ISSUE DATE
02/19/2008

PREVIOUS TITLE NUMBER
776543981184909



CLYDE LAWRENCE PATTERSON
4271 LEAFLET CHURCH RD
BROADWAY NC 27505-9253

MAIL TO

ODOMETER READING
ODOMETER STATUS
TITLE BRANDS

OWNER(S) NAME AND ADDRESS

CLYDE LAWRENCE PATTERSON
4271 LEAFLET CHURCH RD
BROADWAY NC 27505-9253



The Commissioner of Motor Vehicles of the State of North Carolina hereby certifies that an application for a certificate of title for the herein described vehicle has been filed pursuant to the General Statutes of North Carolina and based on that application, the Division of Motor Vehicles is satisfied that the applicant is the lawful owner. Official records of the Division of Motor Vehicles reflect vehicle is subject to the liens, if any, herein enumerated at the date of issuance of this certificate.

As WITNESS, his hand and seal of this Division of the day and year appearing in this certificate as the title issue date.

William C. Gore Jr

COMMISSIONER OF MOTOR VEHICLES

FIRST LIENHOLDER: DATE OF LIEN

LIEN RELEASED BY:
SIGNATURE _____
TITLE _____ DATE _____

SECOND LIENHOLDER: DATE OF LIEN

LIEN RELEASED BY:
SIGNATURE _____
TITLE _____ DATE _____

THIRD LIENHOLDER: DATE OF LIEN

LIEN RELEASED BY:
SIGNATURE _____
TITLE _____ DATE _____

FOURTH LIENHOLDER: DATE OF LIEN

LIEN RELEASED BY:
SIGNATURE _____
TITLE _____ DATE _____

ADDITIONAL LIENS:

77365036

047 T1C0473