

21429

Harnett County Central Permltting
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: 18 Chipmunk CT
City: Cameron State: NC Zip: 28326 Daytime Phone: (919) 499-1841

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 D. Marks

B. Electrical Contractor Company Name: GEB Electric State Lic# 17758-L
Phone # 499-6013 Address: 431 Alton's Lane

City: SANFORD State: NC Zip: 27330

Signature: Gregory Batts

C. Mechanical Contractor Company Name: Rebecca Murphy State Lic# 15020
Phone # _____ Address: 209 Stoop Ct.

City: SANFORD State: NC Zip: 27330

Signature: Rebecca Murphy

D. Plumbing Contractor Company Name: Phil Bryant State Lic# 11543
Phone # 910-843-5400 Address: P.O. Box 130

City: Lumber Bridge State: NC Zip: 28357

Signature: Phil Bryant

Part III - Manufactured Home Information

New or Used Model Year 09 Size: 30' x 76'
 Singlewide Doublewide Triplewide
 Private Property

Manufactured Home Park

50 Park Name: NATURE'S CROSSROADS Lot Number: 27

Directions to site or Manufactured Home Park from Lillington:

Hwy 27 W - left onto 24 - Right on Red Bird left on
Goldfinch left on Chipmunk - Turn 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 D. Swell
Signature of Owner or Agent

1/28/09
Date

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

Application # 09-50021429
Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
910-893-7525 Fax 910-893-2793 www.harnett.org/permits

Application for Residential Building and Trades Permit

Owner's Name: Pine Grove Dev. Date: 1-29-09
Site Address: 18 Chipmunk Court Phone: 499-1841
Directions to job site from Lillington: _____

Subdivision: NATURE CROSS ROAD Lot: 27 6414
DUOP
Description of Proposed Work: MASONRY STAIR #Bedrooms: NA
Heated SF _____ Unheated SF 96 Finished Rec Room? _____ Crawl Space () Slab ()

General Contractor Information

Pine Grove Dev. Telephone: 499-1841
Building Contractor's Company Name _____
622 Buffalo Lake Rd. Address _____ License # _____
J. D. Stewart Signature of Owner/Contractor/Officer(s) of Corporation _____
Must sign & fill out second page

Electrical Permit Information

Description of Work _____ Service Size: _____ Amps TPole: yes/no _____
Electrical Contractor's Company Name NA Telephone _____
Address _____ License # _____
Signature of Officer(s) of Corporation _____

Mechanical/HVAC Permit Information

Description of Work _____
Mechanical Contractor's Company Name _____ Telephone NA _____
Address _____ License # _____
Signature of Officer(s) of Corporation _____

Plumbing Permit Information

Description of Work _____ # Baths _____
Plumbing Contractor's Company Name _____ Telephone NA _____
Address _____ License # _____
Signature of Officer(s) of Corporation _____

Insulation Permit Information

Insulation Contractor's Company Name & Address _____ Telephone _____

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

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, number of bedrooms, 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.

EXPIRED PERMIT FEES - 6 Months to 2 years permit re-issue fee is \$150.00. After 2 years re-issue fee is as per current fee schedule.

John D. Stewart
Signature of Owner/Contractor/Officer(s) of Corporation

1-29-09
Date

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

The undersigned applicant 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 three (3) or more employees and has obtained workers' compensation insurance to cover them.

Has one (1) or more subcontractors(s) and has obtained workers' compensation insurance to cover them.

Has one (1) or more subcontractors(s) who has their own policy of workers' compensation insurance covering themselves.

Has no 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.

Company or Name: Pine Grove Dev.

Sign w/Title: John D. Stewart

Date: 1-29-09



21429

Date: 1/28/09

Lot # - 27 Subdivision - Nature's Crossroads

I certify that the Manufactured Home for Application # 09-500-21427
is a 2009 Champion Model.

Pine Grove Development Corp.
By: James D. Stovall

James D. Stovall