

Application # 09 500 21604

**Harnett County Central Permitting**

PO Box 65 Lillington, NC 27546

Telephone Number: 910-893-7525 Fax 910-893-2793 www.harnett.org/permits

Application for Manufactured Home Set-Up Permit  
(Please fill out each part completely)

SCANNED  
5/1/09  
DATE

**Part I - Owner Information:**

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

Name: Jeffrey + Terry Harrington Address: 4277 Mt P. Sgah Ch Rd

City: Broadway State: NC Zip: 27505 Daytime Phone: (919) 343-0320 - Jeff cell #

Landowner Information (To be completed by landowner, if different than above) 919 478-4705 - Terry cell #

Name: \_\_\_\_\_ 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: Rodney Brown

Phone: 919-775-2271 Address: 23 Polly Lane

City: Sanford State: NC Zip: 27330

Setup Signature: Rodney Brown State Lic# 3550

B. **Electrical Contractor** Company Name: Applewhite Elec

Phone: 499-3988 Address: 102 Bantec NC

City: Bantec State: NC Zip: \_\_\_\_\_

Electrician's Signature: \_\_\_\_\_ State Lic# 206402

C. **Mechanical Contractor** Company Name: \_\_\_\_\_

Phone: 919499-6973 Address: 4277 Mt P. Sgah Ch Rd

City: Broadway State: NC Zip: 27505

HVAC Signature: Jeffrey Harrington State Lic# Homeowner

D. **Plumbing Contractor** Company Name: \_\_\_\_\_

Phone: 9194996973 Address: 4277 Mt P. Sgah Ch Rd

City: Broadway State: NC Zip: 27505

Plumber's Signature: Jeffrey Harrington State Lic# Homeowner

MAY X 1 2010

**Part III - Manufactured Home Information**

Model Year: 1996 Size: 28x70 **Complete & follow zoning criteria sheet**

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.

Jeffrey + Terry Harrington  
Signature of Home Owner or Agent

2-17-09  
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. Progress Energy customers must provide Premise Number.

STATE OF NORTH CAROLINA

MVR 191 (Rev 05/07)

CERTIFICATE OF TITLE

VEHICLE IDENTIFICATION NUMBER <b>CLHAB4717NC</b>	YEAR MODEL <b>1996</b>	MAKE <b>CRES</b>	BODY STYLE <b>MH</b>
TITLE NUMBER <b>771554090769047</b>		TITLE ISSUE DATE <b>03/24/2009</b>	PREVIOUS TITLE NUMBER <b>779808082243047</b>

MAIL TO

JEFFREY GLENN HARRINGTON  
4277 MT PISGAH CHURCH RD  
BROADWAY NC 27505-8506

ODOMETER READING
ODOMETER STATUS
TITLE BRANDS

OWNER(S) NAME AND ADDRESS

JEFFREY GLENN HARRINGTON  
TERRY CLINE HARRINGTON  
4277 MT PISGAH CHURCH RD  
BROADWAY NC 27505-8506



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.

*Michael Robertson*  
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:

80015020  
047 T1C0471

ANY ALTERATIONS OR ERASURES VOID TITLE