

Application #\_
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)

	Part I -Owner Information:						
Ay.		Owner Information (To be completed by owner of the manufactured home)  Jeffrey Lynn Hyde Address: 4817 Fry Lobe lia Bd.					
٧	City:	Vass State: <u>N.C.</u> Zip: <u>3839 4</u> Daytime Phone: (916) -308-278 2					
	2Landov	vner Information (To be completed by landowner, if different than above)					
78	r Name:∙	Jose Lajouich Address: 2693 Hwy875 Cameron					
X. 1	City:	<u>'ameron</u> State: <u>N.C.,</u> Zip: <u>JB3H</u> Daytime Phone: ( ) <u>919-499-2838</u>					
	Part II	- Contractor Information (To be completed by Contractors or Homeowner, if applicable.					
	<b>. .</b> ,	Name, address, & phone must match information on license)  Set-Up Contractor Company Name: Mark 5 Mark 11200 Contractor Company Name:					
MUN	onl	Phone: 0197704679 Address: 1254 Black Road					
YOU		City: Lamelon State: NC Zip: 78371					
	. (	Setup Signature: State Lic# 5971					
	В.	Electrical Contractor Company Name: 15 Owner					
A		Phone: 910-308-2782 Address:					
9	•	City: Zip:					
	^	Electrician's Signature: Giffrey Hyde State Lic#					
	C.	Mechanical Contractor Company Name: As Owner  Phone: Address:					
	re	City: State: Zip:					
		HVAC Signature: Olhow Flyde State Lic#					
	D.	Plumbing Contractor Company Name: A 5 Owner					
		Phone: Address:					
	Ø	City:					
	V	Plumber's Signature: Jeffsey HoleState Lic#					
	Part III	- Manufactured Home Information					
	Model \	Year: 1994 Size: 14x80 Complete & follow zoning criteria sheet					
·	Park Na						
	informat	certify that I have the authority to apply for this permit, that the application is correct including the contractor ion and signatures, and that the construction or installation will conform to the applicable manufactured home equirements, 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.

Wignature of Home Owner or Agent

Effective July 1, 2004, a County <u>Tax Department Moving Permit</u> 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.



## MOBILE HOME MOVING PERMIT

County of Cumberland

6/15/2009 Permit# M-52

State of North Carolina

**KEC** 

Permission is granted to the following people to move the mobile noted below.

HYDE, LINDA C 4817 LOBELIA RD VASS, NC 28394

Carrier:

Marks Mobile Home Set Up 1698 Black Rd Cameron, NC 28326

Make PALM HARBOR MAST

Model/Year Size 1998 14X80 Vin/Serial Number MP1807653

FROM:

729 HARVEYDALE DR FAYETTEVILLE, NC 28311

TO:

MCKOY TOWN RD CAMERON, NC 27526

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 transportation.

THIS PERMIT VALID FOR THIS MOVE ONLY.

Aaron Donaldson Cumberland County Tax Collector LINUA TITUE

9100932793 Application # 09500 217 94

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

11	-Owner Information: Owner Information (To be o	completed by o	wner of the π	anufactur	ed home);		
Name:	Tolfrey Hy	12	_Address:	481	7 Lobelial		
City: _	Vass	State: 1	Zip: <u>24/</u> 2	Daytir	ne Phone: G O 304.2782		
Lando	wner Information (To be co	mpleted by land	downer, if diff	erent than	above)		
Name:			_Address:		·		
City: _		State:	Zip:	Daytin	ne Phone: ( )		
Part II	- Contractor Information	(To be complete	ed by Contracto & phone must	ers or Home	owner, if applicable		
A.	Phone: 910 9745 City:	1) / Addres	ss: '스니	つし し	mation on license)		
	City: The Company of the	<u>.                                     </u>	2/3//	Zip: (	State Lic# <u>(7%48</u>		
8.					SCHIB LICH 1 (101)		
<b>D</b> .							
	· <del>-</del>				State Lic#		
C.	•						
<b>U</b> .							
	· —				State Lic#		
D.	Plumbing Contractor Company Name:						
					4840 AM 80		
	Plumber's Signature:				State Lic#		
Part III	- Manufactured Home In						
Model	Year:Size:	_X	Complete &	fallow 20	ning criteria sheet		
Park N	lame:		Lot	Number: _			
informa set-up	tion and signatures, and that	the construction tt County Zonin	or installation g Ordinance.	will confor	ication is correct including the contractorm to the applicable manufactured home and that if any item is incorrect or false		
	Signature of Home Owne	-		Date			

List of inspections and Egress requirements available upon request. Progress Energy customers must provide Premise Number.

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To Whom It May Concern:

LINUA MYDE

We are switching the set-up contractor from Marks Mobile Home Set-Up to Davis Mobile Mover Inc.

Linde Hyde