00/500 2246/ per 8-28-01 Nes

## 

PERMI りところ

| COUNTY OF HAVINE H STATE OF NORTH CAROLINA Permission is granted to: | PERMIT NUMBER $N_0$ 0860 Date $8/24/69$ |
|--|---|
| loger Wayne Myechism   | 15 Mon's Meadows Ct Santed 112 2832     |
| Grans mb Mass  | 23 Polly Lu Sanhad NC 27330             |

| UPNC 52 | Serial Number |
|---------|---------------|
| 70+14   | Size          |
| tail    | Model         |
| 88      | Make          |

to move the following mobile home:

| 21332      |         | 28326     |
|------------|---------|-----------|
| Sanford NC |         | neron NC  |
| Meadows Ct |         | Consc (a) |
| Morris     | Address | 3 Htlas   |
| From: (S   |         | To: 604   |

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.

Address

This permit shall be conspicuously displayed near the license tag on the rear of the mobile home at all times during its transportation.

THIS PERMIT VALID FOR THIS MOVE ONLY.

o"

County-City Tax Collector

Application # 09-500-22461

Harnett County Central Permitting
PO Box 65 Lillington, NC 27546

910-893-7525 Fav 910 899 8766

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

| -          |   |                         |                                     |  |  |
|------------|---|-------------------------|-------------------------------------|--|--|
|            |   | Application for Manu    | <u>Ifactured Home Set-U</u>         | p Permit   | SCANNED  |
| Pa         | art I –Owner Information  | ገ:                      | ut each part completely)            |  | 914105<br>DATE                                     |
| Ho         | ome Owner Information (   | To be completed by ow   | ner of the manufactur               | red home)  | <b>2.</b> =  |
| Na         | ame: <u>WAYNE M</u>   | Jurchison               | Address: 12/4                       | breenbriar   | PL   |
| Ci         | ty: <u>VASS</u>   | state: NC               | Zip: <u>28394</u> Daytir            | те Phone: <i>G1<u>9</u></i> –  | 235-2770   |
| La         | ndowner Information (To   | be completed by lando   | wner, if different than             | above)   |  |
| Na         | ime: WAYNE M  | lurchison.              | Address:                            | 7 3 AK   | WE CONNET  |
| Cit        | y: <u>Cameron</u>   | State: <i>MC</i> z      | Zip: <u>2732 (</u> Daytin           | ne Phone: <u>(1/9.</u> 2   | 35-2770  |
|            | rt II – Contractor Inform   |                         |                                     |  |  |
| A.         | Set-Up Contractor   | Company Name: WK        | phone must match infor<br>Syne Murc | motion on linear-1   |  |
|            | Phone:  | Address:                |                                     |  |  |
| EP 03 ENTD | City:   | State:                  | Zip: _                              |  |  |
|            | Setup Signature:  |                         | 7. 1                                | Ştate Lic#   |  |
| B.         | <b>Electrical Contract</b>  | or Company Name:        | WAGNE MI                            | ur hizon   |  |
|            | Phone:  | Address:                |                                     |  |  |
|            | City:   | State:                  | an Zip.                             |  | <del></del>  |
|            | Electrician's Signatu   | ire: NAYIOE             | Mulreh Son                          | State Lic#   | The se   |
| C.         | Mechanical Contra   | ctor Company Name:_     | WALLE Mu                            | vc 6,301   | NCV.   |
|            | Phone:  | Address:                | /                                   |  |  |
|            | City:   | State://                | Zin:                                |  |  |
|            | HVAC Signature:   | Van M                   | _                                   | State Lic#OWn  |  |
| D.         | Plumbing Contract   | or Company Name:        | WAGNE MU                            | colore your  | <del>re D</del>                                    |
|            | Phone:  | Address:                | 7 - 7 - 7 - 7 - 7                   | Chilou   |  |
|            | City:   | State:                  | - / 7in:                            |  |  |
|            | Plumber's Signature   | Mayor                   |                                     | State Lic#   | 1/1/1/2  |
| _          |   |                         | 700                                 | Oldle Lic#   | owne L   |
|            | III - Manufactured Hon  |                         |                                     |  |  |
|            | el Year: <u>1989</u> Size   |                         | mplete & follow zoni                |  |  |
| Park       | Name:   |                         | Lot Number: <u></u>                 | of 3 ALI   | rs Conner  |
| set-u      | eby certify that I have the anation and signatures, and prequirements, and the Hation has been provided the | arnett County Zoning Or | rdinance Lundorstand                | tition is correct including<br>to the applicable manu<br>that if any item is inc | the contractor<br>factured home<br>orrect or false |
| 4          | Varn / 11   | hu                      | 9                                   | $\frac{3-09}{2}$   |  |
|            | Signature of Home O   | wner or Agent           | <u>~</u>                            | Date   |  |

\*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.