

Application # 10-500-24001

Harnett County Central Permitting
PO Box 65 Lillington, NC 27546

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

SCANNED
4/7/10
DATE

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

Part I - Home Owner Information:

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

Name: Terry Lynn Morrison Address: 109 Dacey St
City: Spring Lake State: NC Zip: 28390 Daytime Phone: (910) 916-2394

Landowner Information (To be completed by landowner, if different than above)

Name: Michelle L Hoffman Address: 75 Bryson Ct Apt 102
City: Lillington State: NC Zip: 27546 Daytime Phone: 910-514-9301

Home owner

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: Bulldog OFFICE contractors
Phone: 919-921-0094 Address: RT 1 1
City: Pocahontas State: GA Zip: 30450
Setup Signature: Edna Mts State Lic# 3430

B. **Electrical Contractor** Company Name: Michelle Hoffman
Phone: _____ Address: _____
City: _____ State: _____ Zip: _____
Electrician's Signature: Michelle L Hoffman State Lic# OWNER

C. **Mechanical Contractor** Company Name: _____
Phone: _____ Address: _____
City: _____ State: _____ Zip: _____
HVAC Signature: _____ State Lic# _____

WINDOW UNITS

D. **Plumbing Contractor** Company Name: Michelle L Hoffman
Phone: _____ Address: _____
City: _____ State: _____ Zip: _____
Plumber's Signature: Michelle L Hoffman State Lic# owner

Part III - Manufactured Home Information

Model Year: 1987 Size: 14 x 80

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.

[Signature]
Signature of Home Owner or Agent

3-17-10
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.

APR X 7 ENTD



MOBILE HOME

MOVING TAX PERMIT

COUNTY OF PENDER

PENDER COUNTY TAX COLLECTOR

PERMIT 42

STATE OF NORTH CAROLINA

P. O. BOX 1047

BURGAW, N. C. 28425

ISSUED: April 6, 2010

EXPIRES: April 20, 2010

Acct: 59929

Marietta Devane Bostic

10604 NC Hwy 210 Rocky Point NC 28457

New owner: Michelle Hoffman

Carrier: Building Contractors Smithfield, NC

Make: 1987

Model: Fleetwood

Size: 14x 80

FROM:

10604 NC Hwy 210 Rocky Point NC 28457

Pender County

Address

County

Moving to:

109 Davey St Spring Lake NC 28390

Harnett County

Address

County

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 its transportation.

THIS PERMIT VALID FOR ONLY THIS MOVE.

SIGNATURE OF TAX CLERK

Ra/BM

SCANNED
4/12/10
DATE

Application # 10-500-24001

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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: Michelle L Hoffman Address: 75 Bryson ct, Apt 102
City: Lillington State: NC Zip: 27546 Daytime Phone: 910 514-9301

Landowner Information (To be completed by landowner, if different than above)

Name: Lynna Morrison Address: 109 Davey st
City: Springlake State: NC Zip: 28390 Daytime Phone: 910 496-9700

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: Coos Mobile Home Trans J

Phone: 850-6572 Address: PO Box 35595

City: FAY State: NC Zip: 28302

Setup Signature: _____ State Lic# 3532

B. **Electrical Contractor** Company Name: Michelle Hoffman

Phone: _____ Address: _____

City: _____ State: _____ Zip: _____

Electrician's Signature: _____ State Lic# owner

C. **Mechanical Contractor** Company Name: _____

Phone: _____ Address: _____

City: _____ State: _____ Zip: _____

HVAC Signature: _____ State Lic# _____

D. **Plumbing Contractor** Company Name: Michelle Hoffman

Phone: _____ Address: _____

City: _____ State: _____ Zip: _____

Plumber's Signature: _____ State Lic# owner

SEE ATTACHED

APR 12 2010

Part III - Manufactured Home Information

Model Year: _____ Size: X **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.

Michelle L Hoffman 4-8-10
Signature of Home Owner or Agent Date

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