

Application # 1050024668

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:**

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

Name: Randall Skatikat Address: 2498 Dock's Rd.  
City: Spring Lake State: NC Zip: 28 Daytime Phone: 910-814-2444  
or mess. 910-893-

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

Name: Eliwood Bentley Address: 2498 Dock's Rd  
City: Spring Lake State: NC Zip: 28390 Daytime Phone: ( ) N/A

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**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: C1 Mobile Home Movers  
Phone: 858-0132 Address: 343 East Everett Rd  
City: Rackton State: NC Zip: 28306  
Setup Signature: Richard Cost State Lic# 3537

B.

Electrical Contractor Company Name: Self  
Phone: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Electrician's Signature: Randall Skatikat State Lic# \_\_\_\_\_

C.

Mechanical Contractor Company Name: Self  
Phone: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
HVAC Signature: Randall Skatikat State Lic# \_\_\_\_\_

D.

Plumbing Contractor Company Name: Self  
Phone: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Plumber's Signature: Randall Skatikat State Lic# \_\_\_\_\_

**Part III - Manufactured Home Information**

Model Year: 1984 Size: 14 x 70 # of Bedrooms 2  
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.

Randall Skatikat  
Signature of Home Owner or Agent

6-28-10  
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.

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MVR-191 (Rev. 8/94)

### CERTIFICATE OF TITLE

TITLE NUMBER	GROSS WEIGHT	LICENSE FEE	TITLE ISSUE DATE	PREV TITLE
774778001608138			06/19/1998	00000620350184
VEHICLE IDENTIFICATION NUMBER	YEAR MODEL	MAKE	BODY STYLE	
HCNC17014000120301	1986	DAKW	MH	

MAILING ADDRESS

STAR WENDON HERRINGTON  
3017 PHILLIPS CIR  
FAYETTEVILLE NC 28306-2125

OWNER(S) STAR WENDON HERRINGTON  
NAME AND ADDRESS 3017 PHILLIPS CIR  
FAYETTEVILLE NC 28306-2125

THIRD LIENHOLDER: \_\_\_\_\_ DATE: \_\_\_\_\_

THIRD RELEASED BY \_\_\_\_\_ SIGNATURE OF AGENT \_\_\_\_\_ DATE: \_\_\_\_\_  
SECOND LIENHOLDER: \_\_\_\_\_

SECOND RELEASED BY \_\_\_\_\_ SIGNATURE OF AGENT \_\_\_\_\_ DATE: \_\_\_\_\_  
FIRST LIENHOLDER: \_\_\_\_\_

FIRST RELEASED BY \_\_\_\_\_ SIGNATURE OF AGENT \_\_\_\_\_ DATE: \_\_\_\_\_

ADDITIONAL LIENS:

The Commissioner of Motor Vehicles of the State of North Carolina hereby certifies that an application for a certificate of title to the herein described vehicle has been filed pursuant to the General Statutes of North Carolina and 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 this day and year appearing in this certificate as the title issue date.

COMMISSIONER OF MOTOR VEHICLES



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