

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  
11-15-10  
DATE

Part I - Owner Information:

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

Name: Algernon C. Gibson Address: PO Box 232

City: Bunnlevel State: NC Zip: 28323 Daytime Phone: ( ) 910-213-7560

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

Name: Sylvia H. McLean Address: P.O. Box 338

City: Lillington State: NC Zip: 27546 Daytime Phone: (910) 818-2457

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: J & P Mobile Home Movers

Phone: 910-740-2030 Address: 226 Shannon Rd.

City: Lumberton State: NC Zip: 28360

Setup Signature: \_\_\_\_\_ State Lic# 3660

B. Electrical Contractor Company Name: Hardin Elec. Serv. Joey

Phone: 910-740-6694 Address: 2352 Tobacco Rd.

City: Fairmont State: NC Zip: 28340

Electrician's Signature: \_\_\_\_\_ State Lic# 19728E2-L

C. Mechanical Contractor Company Name: B.S. Carroll Heat + Air

Phone: 910-645-4953 Address: 1282 Mercer Mill Rd.

City: Elizabethton State: NC Zip: 28337

HVAC Signature: \_\_\_\_\_ State Lic# 04561

D. Plumbing Contractor Company Name: Bobby's Plumbing

Phone: 910-734-3771 Address: 620 Monroe Rd.

City: St. Pauls State: NC Zip: \_\_\_\_\_

Plumber's Signature: \_\_\_\_\_ State Lic# 22007

SEE ATTACHED

Part III - Manufactured Home Information

Model Year: 2010 Size: 16 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.

Algernon C. Gibson  
Signature of Home Owner or Agent

11-15-10  
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.

NOV 15 2010

Application # \_\_\_\_\_  
Harnett County Central Permitting  
PO Box 85 Wilmington, NC 27548  
Telephone Number: 910-893-7525 Fax 910-893-2703 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: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Daytime Phone: ( ) \_\_\_\_\_

Landowner Information (To be completed by landowner, if different than above)  
Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Daytime Phone: ( ) \_\_\_\_\_

**Part II - Contractor Information (To be completed by Contractors or Homeowners, if applicable. Name, address, & phone must match information on license)**

A. Set-Up Contractor Company Name: J & D Mobile Home Movers  
Phone: 910-740-2030 Address: 226 Shannon Rd.  
City: Lumberton State: NC Zip: 28360  
Setup Signature: Michael O Locklear State Lic# 3660

B. Electrical Contractor Company Name: Hackia Electric, Inc  
Phone: 910-740-6694 Address: 2352 Tobacco Rd.  
City: Farmington State: NC Zip: 28340  
Electrician's Signature: [Signature] State Lic# 19728 EL-L

C. Mechanical Contractor Company Name: B.S. Carroll Heat & Air  
Phone: 910-645-4953 Address: 1282 Merick Mill Rd.  
City: Elizabethtown State: NC Zip: 28337  
HVAC Signature: B.S. Carroll State Lic# 04561

D. Plumbing Contractor Company Name: Bobby's Plumbing  
Phone: 910-734-3771 Address: 1628 Monroe Rd  
City: St. Pauls State: NC Zip: \_\_\_\_\_  
Plumber's Signature: [Signature] State Lic# 22007

**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 signature, 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

11-15-10  
Date

Effective July 1, 2004, a County Tax Department Moving Permit must be provided before a Set Up Permit will be issued. It is shipped 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 title and if available, the serial number. Progress Energy customers must provide Premise Number. of inspections and Egress requirements available upon request.

**TBT OF NC, INC. DBA  
THE HOME CENTER**  
3006 Gillespie Street  
Fayetteville, North Carolina 28306  
(910) 429-1923

BUYER(S) <u>Algernon C. Gibson</u>		PHONE <u>910-429-1923</u>	DATE <u>11-4-10</u>
ADDRESS		SALESPERSON <u>Brett Milligan</u>	
DELIVERY ADDRESS <u>1054 Fire Lane Rd Bunnlevel, NC 28323</u>			
MAKE & MODEL <u>Clayton</u>	YEAR <u>2010</u>	BEDROOMS <u>3</u>	FLOOR SIZE <u>L 76 W 16</u>
SERIAL NUMBER	COLOR	PROPOSED DELIVERY DATE	STOCK NUMBER
<input checked="" type="checkbox"/> NEW <input type="checkbox"/> USED		KEY NUMBERS	

LOCATION	R-VALUE	THICKNESS	TYPE OF INSULATION	BASE PRICE OF UNIT	\$
CEILING				OPTIONAL EQUIPMENT	
EXTERIOR					
FLOORS					
THIS INSULATION INFORMATION WAS FURNISHED BY THE MANUFACTURER AND IS DISCLOSED IN COMPLIANCE WITH THE FEDERAL TRADE COMMISSION RULE 16CFR SECTION 460.16				SUB-TOTAL	\$ <u>37,600.00</u>
OPTIONAL EQUIPMENT, LABOR AND ACCESSORIES				SALES TAX	<u>300.00</u>
NON-TAXABLE ITEMS					
VARIOUS FEES AND INSURANCE					
SET/DELIVERY UP TO AVG 34" SETUP HEIGHT				\$ <u>37,900.00</u>	
ELECTRICAL PEDESTAL TO PANEL BOX					
PLUMBING UNDERNEATH HOME, 10' TO SEPTIC					
PIER FOOTERS					
PERIMETER FOOTERS					
STEPS/STOOP (SIZE BELOW)					
(F) Wood Steps (B) Wood Steps (S)					
2 1/2 ton AC unit					
Vinyl Scaffolding					
* Plumbing the first 100 feet Customer responsible for rest.					
CUSTOMER RESPONSIBLE FOR HOME OWNERS INSURANCE. MONEY COLLECTED FOR APPRAISAL AND TITLE SEARCH, IF PERFORMED, IS NON REFUNDABLE.					
REMARKS: ABOVE DOLLARS ARE ALLOWANCES. ANY COST OVER THE ALLOWANCES STATED ABOVE ARE BUYERS RESPONSIBILITY. TIRES, WHEELS AND AXLES TO BE RETURNED TO THE HOME CENTER					
BALANCE CARRIED TO OPTIONAL EQUIPMENT				\$	
<b>NOTE: WARRANTY AND EXCLUSIONS AND LIMITATIONS OF DAMAGES ON THE REVERSE SIDE</b>					
DESCRIPTION OF TRADE-IN		YEAR	SIZE		
MAKE	MODEL	BEDROOMS			
TITLE NO.	SERIAL NO.	COLOR			
AMOUNT OWING TO WHOM					
ANY DEBT BUYER OWES ON TRADE-IN IS TO BE PAID BY <input type="checkbox"/> DEALER <input checked="" type="checkbox"/> BUYER					

**TBT OF NC, INC. DBA  
THE HOME CENTER**

Not Valid Unless Signed and Accepted by an Officer of the Company or an Authorized Agent

By: [Signature] Approved

SIGNED X Algernon C. Gibson BUYER  
SOCIAL SECURITY NO. 233 13914405  
SIGNED X \_\_\_\_\_ BUYER  
SOCIAL SECURITY NO. \_\_\_\_\_