

Application # 25383
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: ETTER J McLEAN Address: 3861 McNEIL HUBBS RD
City: BUNN LEVEL State: NC Zip: 28323 Daytime Phone: (910) 658-0627

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

Name: JOHN & DORIS FINGER Address: P.O. Box 334
City: BUNN LEVEL State: NC Zip: 28323 Daytime Phone: (910) 893-6393

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: Chad's Mobil Home Trans. & Serv.
Phone: 910-850-6572 Address: P.O. Box 35595
City: FAYETTEVILLE State: NC Zip: 28303
Setup Signature: [Signature] State Lic# 3532
- B. **Electrical Contractor** Company Name: Chalmers Electrical Service
Phone: 919-632-2575 Address: 900 Osgood Road
City: SANFORD State: NC Zip: 27330
Electrician's Signature: Sinclair Chalmers State Lic# 17760-L
- C. **Mechanical Contractor** Company Name: _____
Phone: _____ Address: _____
City: _____ State: _____ Zip: _____
HVAC Signature: _____ State Lic# _____
- D. **Plumbing Contractor** Company Name: Etter J. McLean
Phone: _____ Address: _____
City: _____ State: _____ Zip: _____
Plumber's Signature: [Signature] State Lic# Owner

Window Units

Part III - Manufactured Home Information

Model Year: 1988 Size: 12x70

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

12-2-10
Date

*Effective July 1, 2004, a County Tax Department Moving Permit must be provided before a Set Up Permit will be issued. It is the responsibility of the applicant to obtain this permit from the County Tax Department. If the home is from a dealer, we need proof of year on the title and if available, the serial number. List of inspections and Egress requirements available upon request. Progress Energy customers must provide Premise Number.

SETUP

STATE OF NORTH CAROLINA

MVR 191 (Rev 05/07)

CERTIFICATE OF TITLE

VEHICLE IDENTIFICATION NUMBER

4983262641

YEAR MODEL

1988

MAKE

TITA

BODY STYLE

MH

TITLE NUMBER

772392103012174

TITLE ISSUE DATE

11/02/2010

PREVIOUS TITLE NUMBER

000001626446932



ETTER DAVIS COLVIN

3861 MCNEILL HOBBS RD

BUNNLEVEL NC 28323-8863

MAIL TO

ODOMETER READING

ODOMETER STATUS

TITLE BRANDS

OWNER(S) NAME AND ADDRESS

ETTER DAVIS COLVIN

3861 MCNEILL HOBBS RD

BUNNLEVEL NC 28323-8863



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

Michael D. Robertson
COMMISSIONER OF MOTOR VEHICLES

FIRST LIENHOLDER:

DATE OF LIEN

LIEN RELEASED BY:

SIGNATURE _____

TITLE _____

DATE _____

SECOND LIENHOLDER:

DATE OF LIEN

LIEN RELEASED BY:

SIGNATURE _____

TITLE _____

DATE _____

THIRD LIENHOLDER:

DATE OF LIEN

LIEN RELEASED BY:

SIGNATURE _____

TITLE _____

DATE _____

FOURTH LIENHOLDER:

DATE OF LIEN

LIEN RELEASED BY:

SIGNATURE _____

TITLE _____

DATE _____

ADDITIONAL LIENS:

83704173

174 T1C1741

ANY ALTERATIONS OR ERASURES VOID TITLE