Application # 11500 27125

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 (7)		wner of the	manufactured ho	ome)	
Name: John PAVIIKIA NIZIS					
City: Spring Links					
Landowner Information (To	be completed by land	downer, if di	fferent than above	ve)	
Name:	2 (6)	Address:_			
City:	State:	Zip:	Daytime P	hone: ()
Part II – Contractor Inform					
A. Set-Up Contractor	Name, address, Company Name:/	& phone mus	t match information	on on licen	se)
	- 1937 Addres	•			
	State:				
					n Q
B. Electrical Contrac	tor Company Name:_	J.D. CA	IDS ELECTRI	ic SE	evice_
Phone: 919-524-	-1393 Addres	ss: 202/	nill RUNPI	408	
City: GoldSon	State:	NC	Zip:	7354	
State Lic#_/344	14-L Email:				
	actor Company Name				
	294 Addres				
	State:				
State Lic# / 3 /	<u>9660 </u>	-			
	<u> </u>				
	State:				
State Lic# /) Le	<u>97</u> Email:				
Part III – Manufactured Ho	me Information				
Model Year: 200 3 Siz	e: 28 x 48	Complete d	& follow zoning	criteria	sheet
Park Name:		Lo	t Number:		
I hereby certify that I have the information and have obtained installation will conform to the Ordinance. I understand that revoked.	I their permission to pure applicable manufacturif any item is incorrect	rchase these gred home s	e permits on their et-up requiremen ormation has beer	behalf, and the provided	d that the construction or e Harnett County Zoning
otive luly 1 2000 2 County Tax	aulilo	ermit must he	provided before a	Set Un P	ermit will be issued. It is

*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.

04/11

STATE OF NORTH CAROLINA

MVR 191 (Rev 11/01)

ADDITIONAL LIENS:

CERTIFICATE OF TITLE

VEHICLE IDENTIFICATION NUMBER YEAR MODEL MAKE **BODY STYLE** 4006171AB TITLE NUMBER REDM TITLE ISSUE DATE 2003 PREVIOUS TITLE NUMBER 777865031350041 05/21/2003 ODOMETER READING labili abili abilabi adilari abili alla bila bila GERALD WAYNE BROWN 134 GLENWOOD RD ODOMETER STATUS EDEN 27288 - 7943 TITLE BRANDS OWNER(S) NAME AND ADDRESS GERALD WAYNE BROWN SHARON KAY BROWN 134 GLENWOOD RD 27288-7943 EDEN NC 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. WITNESS, his hand and seal of this Division of the day and year appearing in this certificate as the title issue date. FIRST LIENHOLDER: DATE OF LIEN LIEN RELEASED BY: SIGNATURE _ 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 DATE

73402188

TITLE_

Federal and State law requires that you state the mileage in connection with the transfer of ownership. Failure to complete or providing a false statement may result in fines and/or imprisonment.

FIRST RE-ASSIGN! The undersigned hereby certifies that the vehicle described in this title has	MENT OF TITLE BY REGISTERED OWNER as been transferred to the following printed name and address:				
Name of Buyer: John Pavlikia					
	Parkson, NC				
"I, seller(s) certify to the best of my knowledge that the odometer reading the actual mileage of the vehicle unless one of the following statements					
checked." 1. The mileage stated is in excess of mechanical limits.	g is seller(s) Signature Level Wayne Brown / Sharon Kay Brits Seller(s) Hand Printed Name Gerald Wayne Brown Sharon Kay Br				
ODOMETER READING (No tenths) ODOMETER DISCREPANC WARNING - ODOMETER DISCREPANC	Buyer(s) Signature				
To my knowledge the vehicle described herein: Yes Has been involved in a collision or other occurrence to	Buyer(s) Hand Printed Name				
the extent that the cost to repair exceeds 25% of fair market value. Yes No. Has been a flood vehicle.	Notary Public Toccord Toccord				
Yes No Has been a reconstructed or a salvage vehicle.	Acknowledged before me this 12th day of December, 20 11. My Commission expires 10 16 2015				
Date vehicle delivered to purchaser	Sent of the sent o				
The undersigned hereby certifies that the vehicle described in this title has Name of Buyer:	Commission No. EE 138114				
Address of Buyer:					
"I, seller(s) certify to the best of my knowledge that the odometer reading the actual mileage of the vehicle unless one of the following statements checked."	s is Dealer Signature				
□ 1. The mileage stated is in excess of mechanical limits. □ 2. The odometer reading is not the actu	Dealer Hand Printed Name				
ODOMETER READING (No tenths) WARNING - ODOMETER DISCREPANC	Rover(s) Signature				
To my knowledge the vehicle described herein: Yes No Has been involved in a collision or other occurrence to the extent that the cost to repair exceeds 25% of fair	Buyer(s) Hand Printed Name				
market value. Yes □ No □ Has been a flood vehicle.	Notary Public day of, 20 .				
Yes \(\text{No} \(\text{No} \) Has been a reconstructed or a salvage vehicle. Date vehicle delivered to purchaser	My Commission expires (SEAL)				
PURCHASER'S APPL	ICATION FOR NEW CERTIFICATE OF TITLE				
The undersigned purchaser of the vehicle described on the face of this cernamed liens and none other and that the information contained herein is to OWNER(S)	rtificate, hereby makes application for a new certificate of title and certifies that said vehicle is subject to the following				
Owner 1 DL#	Full Legal Name of Owner (First, Middle, Last, Suffix) or Company				
Owner 2 DL#	Full Legal Name of Owner (First, Middle, Last, Suffix) or Company				
Residence Address					
City Stat	te Tax County				
Mail Address (if different from above)					
FIRST LIEN Date of Lieu Account # Lieukalder ID	SECOND LIEN Date				
of Lien Account # Lienholder ID Lienholder Name	of Lien Account # Lienholder ID Lienholder Name				
Address	Address				
City State Zip Code	City State Zip Code				
I certify for the motor vehicle described herein that I have financial re Insurance Company Authorized in NC	responsibility as required by law. Policy Number				
Signature of Owner(s)					
Acknowledged before me this day of	, 20 My Commission expires				
Notary Public	(SFAL)				