

Application # 11500 27137

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 Natividad Lemus Address 464 S Plank Rd
City Sanford State NC Zip 27330 Daytime Phone (919) 356 7007

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

Name Natividad Lemus Address 464 S Plank Rd
City Sanford State NC Zip 27330 Daytime Phone (919) 356 7007

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 Raven Rock mt manus
Phone 919-775-3600 Address 3335 NC 87 Hwy S
City Sanford State NC Zip 27332
Setup Signature Bobby Sharpe State Lic# 3400

B **Electrical Contractor** Company Name Bobby Sharpe
Phone 919-499-3338 Address 735 Sharpe Rd
City Sanford State NC Zip 27332
Electrician's Signature Bobby Sharpe State Lic# 23262

C **Mechanical Contractor** Company Name Bobby Sharpe
Phone 919-499-3338 Address 735 Sharpe Rd
City Sanford State NC Zip 27332
HVAC Signature Bobby Sharpe State Lic# 23262

* D **Plumbing Contractor** Company Name Natividad Lemus
Phone (919) 356 2758 Address 464 S Plank Rd
City Sanford State NC Zip 27330
Plumber's Signature Natividad Lemus State Lic# SELF

Part III - Manufactured Home Information

Model Year 1997 Size 14x70 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

* Natividad Lemus
Signature of Home Owner or Agent

02-14-12
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

LEE COUNTY

Committed Today for a Better Tomorrow

MOBILE HOME TAX PERMIT

COUNTY OF LEE
STATE OF NORTH CAROLINA

PERMIT NUMBER: 5087
DATE: 2/13/2012

NATIVIDAD LEMUS 113020
OWNER Acct.#

464 S PLANK RD, SANFORD NC 27330
ADDRESS

RAVEN ROCK MH MOVERS 3335 NC 87 HWY, SANFORD NC (919)775-3600
CARRIER ADDRESS CARRIER PHONE #

SKYL 1997
MAKE MODEL

14X70
SIZE

8L140427J
SERIAL NUMBER

100 THORNWOOD LOOP
FROM Address

SANFORD NC
City State

LEE
County

1038 ROSSER PITTMAN RD
TO Address

BROADWAY NC
City State

HRNT
County

This permit is issued in accordance with the provisions of G.S. 105-316.1 through 105-316.8
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 THIS MOVE ONLY.

D. FITZPATRICK
Tax Collection Manager
Lee County