Application # 125002908

Application #_ 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)

Home Owner Information (To be completed by owner of the manufactured home)		
/	Name: Mae Jean Hu	Nter Address: 1070 Brooks mangumed
	City: Camelon State	e: <u>NC</u> Zip: <u>28326</u> Daytime Phone: (96) 1986 - 3034
	Landowner Information (To be comple	eted by landowner, if different than above)
	Name: Danny + Tanny	Dauson Address: 1070 Brooks mangom Rd
	•	e: <u>~</u> Zip: <u>28.326</u> Daytime Phone: 99,499-0516
	Part II – Contractor Information (To	be completed by Contractors or Homeowner, if applicable.
	A. Set-Up Contractor Company	e, address phone must match information on license) Name: 10 dne y 200000000000000000000000000000000000
		Address: 23 Polly Lane
	City: Sanford	
		mail Rodney Brown
	B. Electrical Contractor Compa	any Name: Mae Jean Hunter
	Phone: <u>9/0-986-3034</u>	Address: 1070 Brooks mangum Rd
	City: Chmcrod	State: <u>~ C</u> Zip: <u>28326</u>
	State Lic#	Email:
C. Mechanical Contractor Company Name:		pany Name:
	Phone:	Address: Zip:
	City:	State:Zip:
		Email:
	Plumbing Contractor Company Name: Mac Jean Huntel	
	Phone: <u>9/0 - 986 - 35 3</u>	Address: 1070 Brooks mangum 1d
	City: <u>camero</u>	State: <u> </u>
	State Lic#	Email:
Book III. Manufactured Hama Information		
Part III – Manufactured Home Information		
	Model Year: 1986 Size: 14 X	Complete & follow zoning criteria sheet
	Park Name:	Lot Number:
	information and have obtained their perminstallation will conform to the applicable	to apply for this permit, that the application is correct including the contractor nission to purchase these permits on their behalf, and that the construction or e manufactured home set-up requirements, and the Harnett County Zoning is incorrect or false information has been provided that this permit could be

*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.

9-17-2012 Date

List of inspections and Egress requirements available upon request. Progress Energy customers must provide Premise Number.

04/11

Mossin Human Signature of Home Owner or Agent

Part I - Owner Information:

Haid IN TULL

BILL OF SALE

Must be fully completed

SELLER'S	BUYER'S		
Printed Name: Carl V. Yarborough	Printed Name: Joseph LMacJear Hun tel		
Address: 4619 Cox Mill Bo	Address: 1070 Brooks Mangomad		
city: Sanford	City: Came (ON		
State: N.C Zip: 233	State: <u>VC</u> Zip: <u>28326</u>		
Home Phone: 919-258-5580	Home Phone: 919 - 499 - 4641		
Cell Phone: 919-770-1788	Cell Phone: 910-986-7607		
Work: Truck Driver	Work: 919 774-9444		
DESCRIPTION OF THE PROPERTY THAT IS BEING SOLD:			
Airplane: ATV: Motorized Bike: Can	nper Trailer: Vehicle:		
Golf Cart: Manufactured Home: Utility T	^		
Other (Explain): AS IS - NO Warran	nty-NO Refund		
Year: 1986 Make: Oakwood Model: 056			
Length: 4 PURCHASE PRICE	es 3,700° date of sale: 08-04-12		
Serial# HO-NC-5-60-14-	CK2505817		
I, the undersigned, hereby swear or affirm that I the seller of the above property described herein and that the information provided in this Bill of Sale is true and correct to the best of my belief.			
Signature of Seller: axl V. Yorboroug	Date: 08-04-12		
Signature of Buyer: Joseph Man Market	Bre Date: 08-04-12		
Puwar where will the property be located:	nott Cn.		