

HARNETT COUNTY CENTRAL PERMITTING

P.O. BOX 65

LILLINGTON, NC 27546

For Inspections Call: (910) 893-7525 Fax: (910) 893-2793

Bldg Insp scheduled before 2pm available next business day.

Application Number 14-50033743 Date 6/11/14
Property Address 99 DOCKERY LN
PARCEL NUMBER 09-9574- - -0016- - -
Application type description CP MANUFACTURED HOME RA20R/RA20M CRITERI
Subdivision Name
Property Zoning PENDING

Owner

LOWE JAMES R & CHERYL L
P O BOX 603
SPRING LAKE NC 28390

Contractor

MILLER MOBILE HOME SERVICE,
INC
3600 BELRIDGE DRIVE
FAYETTEVILLE NC 28306
(910) 308-1254

Applicant

LOWE CHERYL

--- Structure Information 000 000 14X48 2BDR SWMH
Flood Zone FLOOD ZONE X
Other struct info # BEDROOMS 2.00
MOBILE HOME YEAR 100000.00
PROPOSED USE SWMH
SEPTIC - EXISTING? EXIST
WATER SUPPLY EXIST WELL

Permit LAND USE PERMIT
Additional desc . . 1987 14X52 SWMH
Phone Access Code . 1039569
Issue Date 6/11/14 Valuation 0
Expiration Date . . 12/08/14

Permit MANUFACTURED HOME PERMIT
Additional desc . . 1987 SWMH
Phone Access Code . 1039551
Issue Date 6/11/14 Valuation 0
Expiration Date . . 6/11/15

Special Notes and Comments

T/S: 05/27/2014 09:36 AM VBROWN ----
81 DOCKERY LANE CAMERON 28326.

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Required Inspections

Seq	Phone Insp#	Insp Code	Description	Initials	Date
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Permit type LAND USE PERMIT

999	818	Z818	PZ*ZONING INSPECTION	_____	___/___/___
999	820	Z820	PZ*ZONING/FINAL INSPECTION	_____	___/___/___

Permit type MANUFACTURED HOME PERMIT

10	501	T501	R*MOBILE HOME FOUND./ M. WALL	_____	___/___/___
10	307	P307	R*PLUMB WATER CONNECTION	_____	___/___/___
20	818	Z818	PZ*ZONING INSPECTION	_____	___/___/___
20	814	A814	ADDRESS CONFIRMATION	_____	___/___/___
30	507	T507	R*MANUFACTURED HOME FINAL	_____	___/___/___
999		H824	ENVIR. OPERATIONS PERMIT	_____	___/___/___
999		H828	ENVIRO. WELL PERMIT	_____	___/___/___

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 Homeowner, if applicable.)

Name, address, & phone must match information on license)

A. **Set-Up Contractor** Company Name: Miller Mobile Home

Phone: 910-308-1254 Address: 3600 Belridge Dr

City: Fayetteville State: NC Zip: 28306

State Lic# 3674 Email: TrailerMan24@gmail.com

B. **Electrical Contractor** Company Name: Owner

Phone: _____ Address: _____

City: _____ State: _____ Zip: _____

State Lic# _____ Email: _____

C. **Mechanical Contractor** Company Name: _____

Phone: _____ Address: _____

City: _____ State: _____ Zip: _____

State Lic# _____ Email: _____

D. **Plumbing Contractor** Company Name: Owner

Phone: _____ Address: _____

City: _____ State: _____ Zip: _____

State Lic# _____ Email: _____

Part III - Manufactured Home Information

Model Year: 1987 Size: 14 x 52 **Complete & follow zoning criteria sheet**

Park Name: Private Land Lot Number: N/A

I hereby certify that I have the authority to apply for this permit, that the application is correct including the contractor information and have obtained their permission to purchase these permits on their behalf, 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.

Chief Lowe
Signature of Home Owner or Agent

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.



MOBILE HOME MOVING PERMIT

COUNTY OF STARR

STATE OF NORTH CAROLINA

PERMIT NUMBER 1730
Date 5-27-2014

Permission is granted to:

Owner Cheryl Howe Address 99 Dockery Lane CAMERON, NC 28326

Carrier Miller MH Movers Address 3600 Belridge Drive Fayetteville NC 28306

to move the following mobile home:

Make 1987 Model Silv Size 14x52 Serial Number SEHRNC 10403860761

From: 86 Talon Drive Address BROADWAY, NC 27505

To: 81 Dockery Lane Address CAMERON, NC 28326

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

P. Bayfoot - Jax Pagnan
County-City Tax Collector

0871

11/1/56