

Application # 1550035895

**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: Kimberlyn Papa Address: 137 Papa Ln

City: CAmeron State: NC Zip: 28326 Daytime Phone: ( ) 910 528 6809

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: Marks mobile Home sets

Phone: 919 770 4879 Address: 1258 Black Rd

City: CAmeron State: NC Zip: 28326

State Lic# 3441 Email: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

State Lic# \_\_\_\_\_ Email: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

State Lic# \_\_\_\_\_ Email: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

State Lic# \_\_\_\_\_ Email: \_\_\_\_\_

**Part III – Manufactured Home Information**

Model Year: 1988 Size: 14 X 80 **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 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.

Kimberlyn M Papa  
Signature of Home Owner or Agent

04/14/2015  
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 HARNETT  
STATE OF NORTH CAROLINA

PERMIT NUMBER 1808

Date 5-7-2015

Permission is granted to:

Owner ROBERT EUGENE PAPA Address 137 Papa Lane Cameron NC 28326

Carrier Marks Home S&S Address 1258 Blunk Rd Cameron NC 28326  
to move the following mobile home:

1988 Princeton Model 14 x 60 Size PC A 88480310637 Serial Number

From: 382 Mersaides Dr Cameron NC 28326 Address

To: 125 Mersaides Dr Cameron NC 28326 Address

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.

F. Barber  
County-City Tax Collector  
Jane Ferguson Ass't



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.

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Special Notes and Comments  
PROPERTY ON LEFT.

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\_\_\_\_\_  
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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.

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Application Number . . . . . 15-50035895  
 Property Address . . . . . 93555 \*UNASSIGNED  
 PARCEL NUMBER . . . . . 09-9566- - -0109- -23-  
 Application description . . . CP MANUFACTURED HOME RA20R/RA20M CRITERI  
 Subdivision Name . . . . .  
 Property Zoning . . . . . PENDING

Required Inspections

| Seq  | Phone<br>Insp# | Insp<br>Code | Description                   | Initials | Date     |
|--|----------------|--------------|-------------------------------|----------|----------|
| Permit type . . . . . MANUFACTURED HOME PERMIT |                |              |                               |          |          |
| 10   | 501            | T501         | R*MOBILE HOME FOUND./ M. WALL | _____    | __/__/__ |
| 20   | 818            | Z818         | PZ*ZONING INSPECTION          | _____    | __/__/__ |
| 20   | 814            | A814         | ADDRESS CONFIRMATION          | _____    | __/__/__ |
| 30   | 507            | T507         | R*MANUFACTURED HOME FINAL     | _____    | __/__/__ |
| 999  |                | H824         | ENVIR. OPERATIONS PERMIT      | _____    | __/__/__ |