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)

Phone: Address: Zip:	Home	e Owner Information (To be	completed by owner	of the manufactured	home)
Landowner Information (To be completed by landowner, if different than above)  Name:	Name	e: Della Off	HUCC Add	ress: 241	1 NICNULLICA
Name:	City:	Beradvay	State: <u>N('</u> Zip:	Z7505 Daytime	Phone: 919 499.7249
City:	Land	owner Information (To be co	ompleted by landowne	r, if different than ab	ove)
Part II - Contractor Information (To be completed by Contractors or Homeowner, if applicable. Name, address, 8 phone must match information on license)  A. Set-Up Contractor Company Name: Range Brown Phone: 919-775-997( Address: 23 Polly Ln. City: State Lic# S550 Email:  B. Electrical Contractor Company Name: Brian Stafford Phone: Address: City: State: Zip: State Lic# Email:  C. Mechanical Contractor Company Name: Brian Stafford Phone: Address: City: State: Zip: State Lic# Email:  D. Plumbing Contractor Company Name: Brian Stafford Phone: Address: City: State: Zip: State Lic# Email:  D. Plumbing Contractor Company Name: Brian Stafford Phone: Address: City: State: Zip: State Lic# Email:  D. Plumbing Contractor Company Name: Brian Stafford Phone: Address: Zip: State Lic# Email:  D. Plumbing Contractor Company Name: Brian Stafford Phone: Address: Zip: State Lic# Email:  D. Plumbing Contractor Company Name: Brian Stafford Phone: Address: Zip: State Lic# Email:  D. Plumbing Contractor Company Name: Brian Stafford Phone: Address: Zip: State Lic# Email:  D. Plumbing Contractor Company Name: Brian Stafford Phone: Address: Zip: State Lic# Email:  D. Plumbing Contractor Company Name: Brian Stafford Phone: State Lic# Email: State Lic# Email:  D. Plumbing Contractor Company Name: Brian Stafford Phone: Address: Zip: State Lic# Email: S	Name	ə:	Add	ess:	
A. Set-Up Contractor Company Name: Rangey Brown Phone: 419~775~8871 Address: 23 Polly Ln City: 5anfard State: NC Zip: \$27330 State Lic# 3550 Email:  B. Electrical Contractor Company Name: Brian StateCard Phone: Address: City: State: Zip: State Lic# Email:  C. Mechanical Contractor Company Name: Brian StateCard Phone: Address: City: State: Zip: State Lic# Email:  D. Plumbing Contractor Company Name: Brian StateCard Phone: Address: City: State: Zip: State Lic# Email:  D. Plumbing Contractor Company Name: Brian StateCard Phone: Address: City: State: Zip: State Lic# Email:  D. Plumbing Contractor Company Name: Brian StateCard Phone: Address: City: State: Zip: State Lic# Email:  D. Plumbing Contractor Company Name: Brian StateCard Phone: Address: City: State: Zip: State Lic# Email:  D. Plumbing Contractor Company Name: Brian StateCard Phone: Address: Lic# Email:  D. Plumbing Contractor Company Name: Brian StateCard Phone: Address: Lic# Email: Li	City:		State:Zip:	Daytime	Phone: ( )
A. Set-Up Contractor Company Name: Raney Brown Phone: 9(19-775-9871 Address: 23 Polly Ln  City: Santrol State: NC Zip: 27330  State Lic# 3550 Email:  B. Electrical Contractor Company Name: Brian StateCord Phone: Address: City: State: Zip: State Lic# Email:  C. Mechanical Contractor Company Name: Brian Stafford Phone: Address: City: State: Zip: State Lic# Email:  D. Plumbing Contractor Company Name: Brian Stafford Phone: Address: City: State: Zip: State Lic# Email:  D. Plumbing Contractor Company Name: Brian Stafford Phone: Address: City: State: Zip: State Lic# Email:  D. Plumbing Contractor Company Name: Brian Stafford Phone: Address: Zip: State: Zip: State Lic# Email:  D. Plumbing Contractor Company Name: Brian Stafford Phone: Address: Lic# Email: Lot Number: Lot	Part I	I – Contractor Information	(To be completed by C	ontractors or Homeow	ner, if applicable.
Phone: 417-73311 Address: 23 Polly Ln  City: Santer State: NC Zip: 27330  State Lic# 3550 Email:  B. Electrical Contractor Company Name: Brian State City: State Lic# Email:  C. Mechanical Contractor Company Name: Brian Stafford  Phone: Address:  City: State: Zip: State Lic# Email:  D. Plumbing Contractor Company Name: Brian Stafford  Phone: Address: City: State: Zip: State Lic# Email:  D. Plumbing Contractor Company Name: Brian Stafford  Phone: Address: Zip: State Lic# Email:  D. Plumbing Contractor Company Name: Brian Stafford  Phone: Address: Zip: State Zip: State Zip: State Lic# Email: Lot Number: Lot Number	Α.	Set-Up Contractor Com	Name, address, & phorpany Name:	ne must match informa	tion on license)
City: Sarferel State: NC Zip: \$27330  State Lic# 3550 Email:  B. Electrical Contractor Company Name: Rrian State Lic# Zip: State Lic# Zip: State Lic# Email:  C. Mechanical Contractor Company Name: Brian State City: State Lic# Email:  C. Mechanical Contractor Company Name: Rrian State Zip: State Lic# Email:  D. Plumbing Contractor Company Name: Brian State Corp.  State Lic# Email:  D. Plumbing Contractor Company Name: Brian State Zip: State Lic# Email:  Phone: Address: Zip: State Zip: State Lic# Email:  City: State: Zip: State Zip: State Lic# Email:  Part III - Manufactured Home Information  Model Year: Size: Lix Complete & follow zoning criteria sheet  Park Name: Lot Number: Lot Nu		Phone: 919-775-8	871 Address: 8	13 Polly Ln	
State Lic#ST5OEmail:  B.		City: Sanferel	State: N	Zip:	27330
Phone: Address: Zip:		State Lic# 3550	Email:		
Phone: Address: Zip:	B.	Electrical Contractor Co	ompany Name: 📆	ian Stat	Gref
City: State: Zip:					
C. Mechanical Contractor Company Name: Brian Stafford  Phone: Address:  City: State: Zip: State Lic# Email:  D. Plumbing Contractor Company Name: Brian Stafford  Phone: Address: City: State: Zip: State Lic# Email:  City: State: Zip: State Lic# Email:  Part III - Manufactured Home Information  Model Year: Size: XI Complete & follow zoning criteria sheet  Park Name: Lot Number: Lot Number: Lot Number:					
Phone: Address: Zip:					
City: State: Zip:  State Lic# Email:  D. Plumbing Contractor Company Name: State State: State: Zip:  Phone: Address: Zip:	C.	<b>Mechanical Contractor</b>	Company Name: <u> </u>	rian Staff	Grd
State Lic#Email:  D. Plumbing Contractor Company Name:StateStateZip:		Phone:	Address:		
Phone: Address: Zip: State Lic# Email: Complete & follow zoning criteria sheet  Part III - Manufactured Home Information  Model Year: Size: X Complete & follow zoning criteria sheet  Park Name: Lot Number:		City:	State:	Zip:	
Phone: Address: Zip: State: Zip: State Lic# Email: Email: Complete & follow zoning criteria sheet  Park Name: Lot Number: Lot Number: hereby certify that I have the authority to apply for this permit, that the application is correct including the contractor		State Lic#	Email:		
City: State: Zip: State Lic# Email:  Part III - Manufactured Home Information  Model Year: Size: X Complete & follow zoning criteria sheet  Park Name: Lot Number:  hereby certify that I have the authority to apply for this permit, that the application is correct including the contractor	D.	Plumbing Contractor Co	ompany Name: <u>Br</u>	ian Staff	lové (Lové
Part III – Manufactured Home Information  Model Year:Size:XComplete & follow zoning criteria sheet  Park Name:Lot Number:  hereby certify that I have the authority to apply for this permit, that the application is correct including the contractor		Phone:	Address:		
Part III – Manufactured Home Information  Model Year:Size:XComplete & follow zoning criteria sheet  Park Name:Lot Number:  hereby certify that I have the authority to apply for this permit, that the application is correct including the contractor		City:	State:	Zip:	
Model Year:Size:XComplete & follow zoning criteria sheet  Park Name:Lot Number:  hereby certify that I have the authority to apply for this permit, that the application is correct including the contractor		State Lic#	Email:	-	
Model Year:Size:XComplete & follow zoning criteria sheet  Park Name:Lot Number:  hereby certify that I have the authority to apply for this permit, that the application is correct including the contractor	Davi III	Manufactuus dillama lu	£		
Park Name:Lot Number:Lot Number:			_		
hereby certify that I have the authority to apply for this permit, that the application is correct including the contractor	Model	Year:Size: L	X / Comp	ete & follow zoning	g criteria sheet
hereby certify that I have the authority to apply for this permit, that the application is correct including the contractor	Park N	ame:		_Lot Number:	
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 evoked.	ntorma nstallat Ordinan	tion and have obtained their p ion will conform to the applic ice. I understand that if any	permission to purchase cable manufactured hor	these permits on their me set-up requiremer	behalf, and that the construction or its, and the Harnett County Zoning
6 in 4 th 0	4	in Little		a_7	6-15
Signature of Home Owner or Agent 9-25-15  Date	4	Signature of Home Owner	or Agent		

\*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.

LILLINGTON, NC 27546 For Inspections Call: (910) 893-7525 Fax: (910) 893-2793 Bldg Insp scheduled before 2pm available next business day. Application Number . . . . . 15-50037098 Date 9/25/15 Property Address . . . . . . 25396 \*UNASSIGNED Property Zoning . . . . . . PENDING Contractor Owner -----\_\_\_\_\_\_ STAFFORD BRIAN K & KATRINA J RODNEY BROWN 2411 MCNEILL RD 23 POLLY LANE NC 27505 BROADWAY SANFORD NC 27330 (919) 775-8871 Applicant -----STAFFORD BRIAN 2411 MCNEILL RD BROADWAY (919) 499-7245 NC 27505 --- Structure Information 000 000 14X70 3 BR NO DECKS OR PORCHES Flood Zone . . . . . . . FLOOD ZONE X Other struct info . . . . # BEDROOMS 3.00 MOBILE HOME YEAR PROPOSED USE 1986.00 SEPTIC - EXISTING? NEW WATER SUPPLY COUNTY Permit . . . . LAND USE PERMIT Additional desc . . Phone Access Code . 1110162
Issue Date . . . 9/25/15 Valuation . . . .
Expiration Date . . 3/23/16 Permit . . . . . MANFACTURED HOME PERMIT Additional desc . . Phone Access Code . 1110154
Issue Date . . . 9/25/15
Expiration Date . . 9/24/16 Valuation . . . . Special Notes and Comments T/S: 09/14/2015 03:13 PM DJOHNSON --421 TOWARDS SANFORD, AT SIMONOLE STOP LIGHT TAKE LEF TONTO MACARTHER RD GO APPROX 300 YDS TAKE ROSSER PITTMAN RD ON THE RIGHT. GO APPROX 4 MILES AND SITE IS ON THE RIGHT APPROX 1/10 MILE

HARNETT COUNTY CENTRAL PERMITTING

P.O. BOX 65

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.

Page 2
Application Number . . . . 15-50037098 Date 9/25/15

Special Notes and Comments PAST MCNEILL RD

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.									
Pro PAI App Sul	operty Add RCEL NUMBE plication odivision	ress R descri Name		*UNASSIGNED 90105- UFACTURED HOME NEILL ESTATE	<b>-</b>	9/25/15			
Required Inspections									
Seq	Phone Insp#		Description		Initials	Date			
999 999	818 820	Z818 Z820	,	SPECTION		_/_/_			
Permit type MANFACTURED HOME PERMIT									
10 10 20 20 30 999 999	501 307 818 814 507	P307 Z818	R*MOBILE HOME FOUN R*PLUMB WATER CONN PZ*ZONING INSPECTI ADDRESS CONFIRMATI R*MANUFACTURED HOMENVIR. OPERATIONS ENVIRO. WELL PERMI	ECTION ON ON E FINAL PERMIT					