

Application #

1450036489

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: Simon Guillen-Bautista Address: 828 S...

City: Raleigh State: NC Zip: 27603 Daytime Phone: (919) 90-1079

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

Name: Address:

City: State: NC 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: Cooper's M.H. Movers

Phone: 919-553-6602 Address: 227 Forest Oaks Dr

City: Clayton State: NC Zip: 27527

State Lic# 2499 Email: joanbcooper4@gmail.com

B. Electrical Contractor Company Name: MLElectric Service INC.

Phone: 919-803-0325 Address: 2712 S. SAUNDER ST

City: Raleigh State: N.C Zip: 27603

State Lic# 10696-1 Email: info@MLElectricService.com

C

Mechanical Contractor Company Name:

Phone: Address:

City: State: Zip:

State Lic# Email:

D. Plumbing Contractor Company Name: Priority Plumbing Contractors

Phone: 919-639-7200 Address: P.O. Box 264

City: Willow Spring State: N.C Zip: 27592

State Lic# 18550 P-4 Email: STEFF18081@AOL.COM

Part III - Manufactured Home Information

Model Year: 1997 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.

Signature of Home Owner or Agent: Simon Guillen-Bautista

Date: 05/11/16

*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 TAX PERMIT

COUNTY OF WAKE

STATE OF NORTH CAROLINA

Permission is granted to:

PERMIT NO. 19936

Owner (January 1 of current year) SIMON GUILLEN BAUTISTA
1026 SWIFT CREEK LN RALEIGH NC 27603-5316
Address

Date APRIL 21, 2016

Current Owner Information if different SAME AS ABOVE
Address 1026 SWIFT CREEK LN RALEIGH NC 27603-5316
Date Purchased 07/21/2001

Carrier COOPER MOBILE HOME MOVERS
Address 227 FOREST OAKS DR CLAYTON NC 27527
Date Purchased
to move the following mobile home:
Address (mailing and physical) 919-553-6602
Phone #

Make	Model	Size	Serial Number
<u>MASTERPIECE</u>	<u>1997</u>	<u>14X80</u>	<u>MP1805033</u>
From: <u>1026 SWIFT CREEK LN RALEIGH NC 27603-5316</u>			
Physical Address			

To: 762 WADE STEPHENSON RD HOLLY SPRINGS NC / PRIVATE
Physical Address / HARNETT
Mobile Home Park & Lot# / County

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 transportation.

By: Rand A Pence

Wake County Revenue Department

Attach copies of paid bill to File Copy

THIS PERMIT VALID FOR THE ABOVE MOVE ONLY.

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	16-50038489	Date	5/16/16
Property Address	762 WADE STEPHENSON RD		
PARCEL NUMBER	05-0636- - -0080- - -		
Application type description	CP MANUFACTURED HOME RA20R/RA20M CRITERI		
Subdivision Name			
Property Zoning	RES/AGRI DIST - RA-20M		

Owner

AUSTIN THOMAS O'NEAL &
 ELIZABETH JEAN TRUELOVE &
 LORETTA ANN BAKER
 HOLLY SPRINGS NC 27540

Contractor

COOPERS MOBILE HOME MOVING SER
 227 FOREST OAKS DRIVE
 CLAYTON NC 27527
 (919) 553-6602

Applicant

AUSTIN THOMAS
 309 BJ LN
 HOLLY SPRINGS NC 27540
 (919) 552-3966

--- Structure Information 000 000 14X80 3 BR NO DECKS OR PORCHES

Flood Zone	FLOOD ZONE X	
Other struct info	# BEDROOMS	3.00
	MOBILE HOME YEAR	1997.00
	PROPOSED USE	SWMH
	SEPTIC - EXISTING?	EXISTING
	WATER SUPPLY	WELL

Permit	LAND USE PERMIT		
Additional desc			
Phone Access Code	1140367		
Issue Date	5/16/16	Valuation	0
Expiration Date	11/12/16		

Permit	MANUFACTURED HOME PERMIT		
Additional desc			
Phone Access Code	1140359		
Issue Date	5/16/16	Valuation	0
Expiration Date	5/16/17		

Special Notes and Comments
 T/S: 04/18/2016 09:41 AM DJOHNSON --
 CORNER OF TRUELOVE RD AND WADE
 STEPHENSON RD

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Required Inspections

Seq	Phone Insp#	Insp Code	Description	Initials	Date
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	_____	___/___/___
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	_____	___/___/___
999	307	P307	R*PLUMB WATER CONNECTION	_____	___/___/___