

Application # 1780040610

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: Paul Lyon Address: P.O. Box 569
City: Olivia State: NC Zip: 28368 Daytime Phone: (919) 353 0370

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

Name: Lyon Builders Inc Address: P.O. Box 569
City: Olivia State: NC Zip: 28368 Daytime Phone: (919) 353 0370

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: Country Fair Homes
Phone: 919 775 3600 Address: 3335 NC 87 S
City: Sumford State: NC Zip: 27332
State Lic# 3400 Email: _____
- B. **Electrical Contractor** Company Name: Wester & Pave Electric
Phone: 919 499 3946 Address: 614 Leslie Rd.
City: Sumford State: NC Zip: 27332
State Lic# 12007-U Email: _____
- C. **Mechanical Contractor** Company Name: Sandhill's Heating & Ref.
Phone: 910-844-1086 Address: 9206 NC-211
City: Aberdeen State: NC Zip: 28315
State Lic# 12007-U Email: _____
- D. **Plumbing Contractor** Company Name: Gilbert Plumbing
Phone: 910 214 1274 Address: 1538 Timothy Rd.
City: Dunn State: NC Zip: _____
State Lic# 10929 Email: _____

Part III - Manufactured Home Information

Model Year: 1990 Size: 28x 70 **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]
Signature of Home Owner or Agent

2-24-17
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 1935

Date 2/24/17

Permission is granted to: Sold to: Paul Lyon

Owner Randall Woodham Address 4539 Ponderosa Rd Sanford NC 27332

Carrier Country Fair Homes Address 3335 NC 87 S Sanford NC 27332

Make 1990 Model IMPE Size 28x70 Serial Number IHN019000418A-B

From: 4539 Ponderosa Rd Sanford NC 27332 PID 099587 005114
Lot beside Address
To: 2033 Pocs Rd Lillington NC 27540 PID 010500 0030 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.

W. Stalls from
County/City Tax Collector

THIS PERMIT VALID FOR THIS 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	17-50040610	Page	2
Property Address	3672 *UNASSIGNED	Date	2/24/17
PARCEL NUMBER	01-0506- - -0078- - -		
Application description . . .	CP MANUFACTURED HOME RA20R/RA20M CRITERI		
Subdivision Name	PROFESSIONAL MEDICAL RECOVERY		
Property Zoning	PENDING		

Required Inspections

Seq	Phone Insp#	Insp 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	_____	___/___/___
999		H828	ENVIRO. WELL PERMIT	_____	___/___/___
999	307	P307	R*PLUMB WATER CONNECTION	_____	___/___/___
Permit type LAND USE PERMIT					
999	818	Z818	PZ*ZONING INSPECTION	_____	___/___/___
999	820	Z820	PZ*ZONING/FINAL INSPECTION	_____	___/___/___

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 17-50040610 Date 2/24/17
Property Address 3672 *UNASSIGNED
PARCEL NUMBER 01-0506- - -0078- - -
Application type description CP MANUFACTURED HOME RA20R/RA20M CRITERI
Subdivision Name PROFESSIONAL MEDICAL RECOVERY
Property Zoning PENDING

Owner

LYON BUILDERS INC
PO BOX 569
OLIVIA NC 28368

Contractor

RAVEN ROCK MOBILE HOME MOVER
3335 NC 87 HWY.
SANFORD NC 27332
(919) 775-3600

Applicant

LYON PAUL
PO BOX 569
OLIVIA NC 28368
(919) 353-0370

--- Structure Information 000 000 28X70 3BDR DWMH
Flood Zone FLOOD ZONE X
Other struct info # BEDROOMS 3000000.00
MOBILE HOME YEAR 1000000.00
PROPOSED USE DWMH
SEPTIC - EXISTING? NEW TANK
WATER SUPPLY COUNTY

Permit MANUFACTURED HOME PERMIT
Additional desc . . .
Phone Access Code . 1180413
Issue Date 2/24/17 Valuation 0
Expiration Date . . 2/24/18

Permit LAND USE PERMIT
Additional desc . . .
Phone Access Code . 1180405
Issue Date 2/24/17 Valuation 0
Expiration Date . . 8/23/17

Special Notes and Comments

T/S: 01/24/2017 11:38 AM JBROCK ----
HWY 27 WEST LEFT ON DOCS RD 3 MILES ON
L
