

Application #

43243

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: JUSTIN TAHILRAMANI Address: 3158 CAMERON HILL RD

City: CAMERON State: NC Zip: 28326 Daytime Phone: () 253 448 0662

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: CHOD'S MOBILE HOME TRANSIT POST

Phone: 910-850-6572 Address: PO BOX 35595

City: FAYETTEVILLE State: NC Zip: 28303

State Lic# 3532 Email:

B. Electrical Contractor Company Name: SALMON ELECTRICAL

Phone: 910-690-5125 Address: 4736 HILLWOOD GROVE RD

City: CAMERON State: NC Zip: 28326

State Lic# SP.SFD.23259 Email:

C. Mechanical Contractor Company Name: AIR RICH HEATING & COOLING

Phone: 910-245-9955 Address: 1029 PINEWOOD CHURCH RD

City: CAMERON State: NC Zip: 28326

State Lic# 30049 Email:

D. Plumbing Contractor Company Name: HOMEOWNER

Phone: Address:

City: State: Zip:

State Lic# Email:

Part III - Manufactured Home Information

Model Year: 2016 Size: 14 X 64 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

2/19/18 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.

NEW MOBILE HOMEOWNERS FOR 2018

Mailing List ID	1
First Name	JUSTIN
Middle Name	ALAN
Last Name	TAHILRAMANI
Spouse's Name	
Address	265 KEYLOCK FARM RD
City	CAMERON
State	NC
Postal Code	28326
Home Phone	
Work Phone	
Mobile Phone	253 448 0662
Fax Number	
Email Address	
Birthdate	9/1/1986
Date Set Up	2/19/2018
Employee ID	MARGARET WRIGHT
Social Security Number	603-28-8805
Spouse's Employer	
Spouse's Social Security Number	
Description of Property	2016 CLAYTON 14X64
Date took Possession	2/5/2018
County MH was moved from or which mfg	ROBESON
Park or Id mh situated on (parcel number and owner name)	PRIVATE LAND 099564 0058 10
Lender Name and address	CLH039284TN
Notes	

Application Number 18-50043243 Page 2
Property Address 47844 *UNASSIGNED Date 2/19/18
PARCEL NUMBER 09-9564- - -0058- -02-
Application description CP MANUFACTURED HOME RA20R/RA20M CRITERI
Subdivision Name
Property Zoning RES/AGRI DIST - RA-20R

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

HARNETT COUNTY CENTRAL PERMITTING
P.O. BOX 65
LILLINGTON, NC 27546
For Inspections Call: (910) 893-7525 Fax: (910) 893-2793

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Subdivision Name
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Owner Contractor

TAHILRAMANI JUSTIN & JESSICA CHOO'S MOBILE HOME TRANSIT
265 KEYLOCK RD PO BOX 35595
CAMERON NC 28326 FAYETTEVILLE NC 28303
(910) 850-6572

Applicant

TAHILRAMANI, JUSTIN
265 KEYLOCK FARM RD
CAMERON NC 28326
(253) 448-0662

--- Structure Information 000 000 14X64 SWMH 4BDR 2BTH (2016)
Flood Zone FLOOD ZONE X
Other struct info # BATHS 2
BEDROOMS 4.00
MOBILE HOME YEAR 2016.00
PROPOSED USE SFD
SEPTIC - EXISTING? NEW SEPTIC
WATER SUPPLY COUNTY

Permit LAND USE PERMIT
Additional desc
Phone Access Code 1229509
Issue Date 2/19/18 Valuation 0
Expiration Date 8/18/18

Permit MANUFACTURED HOME PERMIT
Additional desc
Phone Access Code 1229491
Issue Date 2/19/18 Valuation 0
Expiration Date 2/19/19

Special Notes and Comments
T/S: 02/07/2018 08:25 AM LLUCAS ----
TAKE HWY 27 -LEFT ON HWY 24- RIGHT ON
CAMERON HILL RD - PROPERTY ON RIGHT

HARNETT COUNTY CASH RECEIPTS

*** CUSTOMER RECEIPT ***

Oper: LLUCAS Type: CP Drawer: 1
Date: 2/19/18 53 Receipt no: 259013

Year	Number	Amount
2018	50043243	
47844	*UNASSIGNED	
	CAMERON, NC 28326	
B1	BP - PERMIT FEES	
		\$175.00

JUSTIN TAHILRAMANI

Tender detail		
CK CHECK PAYMEN	2107	\$175.00
Total tendered		\$175.00
Total payment		\$175.00

Trans date: 2/19/18 Time: 12:57:10

** THANK YOU FOR YOUR PAYMENT **