

AMY B. KINLAW Chief of Assessment and Collections

TAMI K. BOTELLO Chief of Real Estate and Mapping

OFFICE OF THE TAX ADMINISTRATOR



Courthouse • 5th Floor - Suite 530 • P.O. Box 449 • Fayetteville, North Carolina 28302-0449 (910) 678-7507 • Fax: (910) 678-7588

MOBILE	HOMEN	10 V I N G	PERMIT			
Date: October 10, 2017	Current Listing Owner: CROSS, GERALD ALAN & RONALD					
County of Cumberland	Permit No.: C-88					
State of North Carolina	Agent: Toni Gotshall					
	4					
Permission is granted to the following person(s) to move the mobile home identified below.						
Name: CASTELLANOS, EDIN RAUL Phone: (919) 842-9886						
Address: 481 MCDUFFIE RD CAMERON NC 28326						
Are you the current owner of the mobile home? Yes Z No D Purchase Date: 10/3/17						
Mobile Home Carrier						
Name/Company: MARKS MOBILE HOME SETUP						
Address: 1258 BLACKS RD CAMERON NC 28326						
Property Description						
Manufacturer	Year	Size	VIN			
TITAN	1980	24X56	4900184505A-B			
Current Location: 1501 N BRAGG BLV SPRING LAKE NC 28390						
County: Cumberland	Parcel ID: 0502-43-4857-					
Location Moving To: 481 MCDUFFIE RD CAMERON NC 28326						
County: HARNETT		Parcel ID:				
This permit is issued in accordance with the provisions of North Carolina General Statute §105-316.1 through §105-316.8.						
This permit shall be conspicuously displayed near the license plate on the rear of the mobile home at all times during transportation.						
PERMIT VALID FOR THIS MOVE ONL	.Y!					
1. opus						

Joseph R. Utley, Jr.

Cumberland County Tax Administrator

Application #_

43477

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)

	-Owner Information: Owner Information (To b	be completed by ov	wner of the mar	nufactured home)		
				of McDuffie Ad		
	A		~	© Daytime Phone: 918) 916 - 909		
Landov	wner Information (To be	completed by land	downer, if differe	ent than above)		
Name:			Address:			
City: _		State:	Zip:	_ Daytime Phone: ()		
Part II – Contractor Information (To be completed by Contractors or Homeowner, if applicable.						
A.		mpany Name: (Y	KINKS M	Schup Obile Howe Schup		
				blacks Thd Caweron,		
	city: <u>Comeron</u>	State:	NC	_ Zip:		
	State Lic# 344	Email:				
B.	B. Electrical Contractor Company Name: Watter State Contractor Company Name:					
				_ Zip:		
	State Lic#	Email:	1			
C.	State Lic# Email: Mechanical Contractor Company Name:					
	Phone:	Addres	ss:			
	City:	State:		_ Zip:		
	State Lic#	Email:				
D.	Plumbing Contractor	Company Name:	allebeng	Fillen		
	City:	State:		_ Zip:		
	State Lic#	Email:				
Part III – Manufactured Home Information						
Model Year: 1980 Size: X X Complete & follow zoning criteria sheet						
Park N	ame:		Lot Nu	mber:		
informa installat	tion and have obtained the ion will conform to the a nce. I understand that if a	eir permission to pu pplicable manufactu	rchase these per ured home set-up	the application is correct including the contractor rmits on their behalf, and that the construction or p requirements, and the Harnett County Zoning tion has been provided that this permit could be		
andread Litarine 2-01-18						
	Signature of Home Owner or Agent Date					

*Effective July 1, 2004, a County <u>Tax Department Moving Permit</u> 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.

SETUP