Application # 1858

Harnett County Central Permitting
PO Box 65 Lillington NC 27540

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 be completed by c | owner of the manufactured home) | | | | |
|---|---|--|--|--|--|--|
| Name: | Steve MCCAUley | Address: 424 Emercaco LN Removed | | | | |
| City: | Brogoway State: W.C | Zip: 27505 Daytime Phone: (910) 891-9661 | | | | |
| Landowner Information (To be completed by landowner, if different than above) | | | | | | |
| Name: Debra mcCauly Address: 444 Emergeb CW | | | | | | |
| City: | BRUMOWAY State: N.C | _ Zip: <u>- 2) 575</u> Daytime Phone: (%) <u>8行り・0</u> > 7 月 | | | | |
| Part II - Contractor Information (To be completed by Contractors or Homeowner, if applicable. | | | | | | |
| A. | Name, address, & phone must match information on license) Set-Up Contractor Company Name: | | | | | |
| | Phone: 919-717-4379 Addre | ess: RAVEN ROCK RO. | | | | |
| | | : N.C Zip: 27565 | | | | |
| | State Lic#Email | : Country Frinhomes Ogmail, con | | | | |
| B. | Electrical Contractor Company Name | : Reed TAYLOR | | | | |
| | Phone: 919-842-9899 Addre | ess: 8 Tim LANE | | | | |
| | City:State | : _ N . C _ Zip: | | | | |
| | State Lic# 2678-L Email | : | | | | |
| C./c | Mechanical Contractor Company Nan | l: | | | | |
| Seli | Phone: Addre | ess: | | | | |
| | | : Zip: | | | | |
| | State Lic# Email | : OUNLY | | | | |
| D. / | Plumbing Contractor Company Name | : OUVLY | | | | |
| 5018 | Phone: Addre | 988: | | | | |
| | • | : Zip: | | | | |
| | State Lic# Email | l: | | | | |
| Part III – Manufactured Home Information | | | | | | |
| Model Year: 2618 Size: 32x 76 Complete & follow zoning criteria sheet | | | | | | |
| Park Na | ame: | Lot Number: | | | | |
| informat installati Ordinan revoked | tion and have obtained their permission to price ion will conform to the applicable manufactors. I understand that if any item is incorred. | or this permit, that the application is correct including the contractor burchase these permits on their behalf, and that the construction or stured home set-up requirements, and the Harnett County Zoning ct or false information has been provided that this permit could be | | | | |
| | 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

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

| | | 경우 경우 하겠다면 그는 이 가는 것은 것이 하는 것이 없어 있다면 그렇게 했다. | | | | |
|---|--|---|----------------------|----------------------------|--|--|
| Property PARCEL NU Applicati Subdivisi | Address JMBER ion descri ion Name | | 13- DME RA20R/RA2 | 2 6/22/18 OM CRITERI | | |
| Required Inspections | | | | | | |
| | one Insp sp# Code | Description | Initials | Date | | |
| Permit type MANUFACTURED HOME PERMIT | | | | | | |
| 10 | | | | | | |
| | 7pe 318 Z818 | | | / / | | |
| | 320 Z820 | | | | | |

HARNETT COUNTY CENTRAL PERMITTING

P.O. BOX 65

LILLINGTON, NC 27546

For Inspections Call: (910) 893-7525 Fax: (910) 893-2793

Application Number 18-50044199 Date 6/22/18 Application type description CP MANUFACTURED HOME RA20R/RA20M CRITERI Subdivision Name BOONE TRAIL WEST III Property Zoning PENDING Owner Contractor MCCAULEY DEBRA P RAVEN ROCK MOBILE HOME MOVER 3335 NC 87 HWY. 424 EMERALD LANE NC 27505 SANFORD BROADWAY NC 27332 (919) 775-3600 Applicant MCCAULEY STEVEN 424 EMERALD LN BROADWAY NC 27505 (910) 835-9608 Structure Information 000 000 30X76 DWMH 3BDR 2 BTH Flood Zone FLOOD ZONE X # BATHS
BEDROOMS
MOBILE HOME YEAR Other struct info # BATHS 3.00 201 SFD EXIST 2018.00 PROPOSED USE SEPTIC - EXISTING? WATER SUPPLY COUNTY Permit MANUFACTURED HOME PERMIT Additional desc . . Phone Access Code . 1248822 Phone Access Code . 1248822
Issue Date . . . 6/22/18 Valuation 0
Expiration Date . . 6/22/19 Permit LAND USE PERMIT Additional desc . . Phone Access Code . 1248848 Issue Date . . . 6/22/18 Valuation Expiration Date . . 12/19/180 물명화 생생님 방에 살다면 하는 사람이 잘 보면 나면 눈가는 생생님이 되면 하는데 하는데 그 때문에 가는 사람들이 하는 것이 되는데 나를 하는 것으로 하는데 그 모든데 하는데 나를 Special Notes and Comments T/S: 06/06/2018 03:00 PM LLUCAS ----424 EMERALD LN OLD 421 - MAKE LEFT ON LLOYD STEWART RD - ABOUT HALF MILE TURN LEFT ON EMERALD LN - ABOUT HALF A MILE DOWN

HARNETT COUNTY CASH RECEIPTS *** CUSTOMER RECEIPT ***

Oper: LLUCAS Type: CP Drawer: 1 Date: 6/22/18 53 Receipt no: 400040

Year Number Amount 2018 50044199 424 EMERALD LN BRDADWAY, NC 27505 B1 BP - PERMIT FEES \$225.00

STEVE MCCAULEY

Tender detail
CP CREDIT CARD \$225.00
Total tendered \$225.00
Total payment \$225.00

Trans date: 6/22/18 Time: 14:04:01

** THANK YOU FOR YOUR PAYMENT **