

Application # 0950022893

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: James Adam Shindledecker Address: 2745 Kipling RD

City: Fuquay-Varina State: NC Zip: 27526 Daytime Phone: (919) 538-8514

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

Name: Same 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: State All Mobile

Phone: 919-874-8038 Address: 1035A Aquilla Rd,

City: Beason State: NC Zip: 27504

Setup Signature: [Signature] State Lic# 2854

B. **Electrical Contractor** Company Name: _____

Phone: _____ Address: _____

City: _____ State: _____ Zip: _____

Electrician's Signature: James Adam Shindledecker State Lic# Owner

C. **Mechanical Contractor** Company Name: _____

Phone: _____ Address: _____

City: _____ State: _____ Zip: _____

HVAC Signature: James Adam Shindledecker State Lic# Owner

D. **Plumbing Contractor** Company Name: _____

Phone: _____ Address: _____

City: _____ State: _____ Zip: _____

Plumber's Signature: James Adam Shindledecker State Lic# Owner

Part III - Manufactured Home Information

Model Year: 1983 Size: 14 x 60 **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 signatures, 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.

James Adam Shindledecker
Signature of Home Owner or Agent

11-5-09
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.

STATE OF NORTH CAROLINA

MVR 191 (Rev 05/07)

CERTIFICATE OF TITLE

VEHICLE IDENTIFICATION NUMBER
HFNC56014CK2500584
TITLE NUMBER
776597092193092

YEAR MODEL
1983

MAKE
DAKW
TITLE ISSUE DATE
08/11/2009

BODY STYLE
MH
PREVIOUS TITLE NUMBER
777355092011155

MAIL TO

JAMES ADAM SHINDLEDECKER
2745 KIPLING RD
FUQUAY VARINA NC 27526-6169

ODOMETER READING
ODOMETER STATUS
TITLE BRANDS

OWNER(S) NAME AND ADDRESS

JAMES ADAM SHINDLEDECKER
2745 KIPLING RD
FUQUAY VARINA NC 27526-9526



The Commissioner of Motor Vehicles of the State of North Carolina hereby certifies that an application for a certificate of title for the herein described vehicle has been filed pursuant to the General Statutes of North Carolina and based on that application, the Division of Motor Vehicles is satisfied that the applicant is the lawful owner. Official records of the Division of Motor Vehicles reflect vehicle is subject to the liens, if any, herein enumerated at the date of issuance of this certificate.

As WITNESS, his hand and seal of this Division of the day and year appearing in this certificate as the title issue date.

Richard Robertson
COMMISSIONER OF MOTOR VEHICLES

FIRST LIENHOLDER: DATE OF LIEN

LIEN RELEASED BY:

SIGNATURE _____

TITLE _____ DATE _____

SECOND LIENHOLDER: DATE OF LIEN

LIEN RELEASED BY:

SIGNATURE _____

TITLE _____ DATE _____

THIRD LIENHOLDER: DATE OF LIEN

LIEN RELEASED BY:

SIGNATURE _____

TITLE _____ DATE _____

FOURTH LIENHOLDER: DATE OF LIEN

LIEN RELEASED BY:

SIGNATURE _____

TITLE _____ DATE _____

ADDITIONAL LIENS:

80892872

092 TIC0920

ANY ALTERATIONS OR ERASURES VOID TITLE