

Application # 10 500 24173

**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: Rachel Lauren Sharpe Address: PO Box 1393

City: Dunn State: NC Zip: 28335 Daytime Phone: 910 985-1138

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: As Owner

Phone: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Setup Signature: R. Lauren Sharpe State Lic# \_\_\_\_\_

B. **Electrical Contractor** Company Name: As Owner

Phone: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Electrician's Signature: R. Lauren Sharpe State Lic# \_\_\_\_\_

C. **Mechanical Contractor** Company Name: As Owner

Phone: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

HVAC Signature: R. Lauren Sharpe State Lic# \_\_\_\_\_

D. **Plumbing Contractor** Company Name: As Owner

Phone: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Plumber's Signature: R. Lauren Sharpe State Lic# \_\_\_\_\_

**Part III - Manufactured Home Information**

Model Year: \_\_\_\_\_ Size: X **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.

R. Lauren Sharpe  
Signature of Home Owner or Agent

4/27/10  
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 TAX PERMIT

PERMIT # 00078 -2009/2010

Johnston County Tax Collector  
P.O. Drawer 451  
Smithfield, N.C. 27577

COUNTY OF JOHNSTON  
STATE OF NORTH CAROLINA

Date 4/13/2010

Permission is granted to:

2000140963

Owner CHARLES & MARIA HAWKINS 3522 JACK RD CLAYTON NC 27520  
Address

Carrier BJ'S MOBILE HOME MOVERS 2915 N. SPRING BRANCH RD. DUNN NC 28334  
Address

to move the following mobile home:

Make TAYLOR 1980 24X60 TANCKW60243GR101821A&B  
Model Size Serial number

From: 3522 JACK RD. CLAYTON NC 27520  
Address

To: BESIDE 2433 ASHE AVE. DUNN NC 28334  
Address

This permit is issued in accordance with the provisions of G.S. 105-316.1 through G.S. 105-316.8 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.

Dennis C. Woodward  
County City Tax Collector  
by *Dennis C. Woodward*

THIS PERMIT VALID FOR THIS MOVE ONLY.

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City: Dunn State: NC Zip: 28335 Daytime Phone: 919 985-1138

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: BI mobile movers

Phone: 892-8079 Address: 2915 North Spring Branch Rd

City: Dunn State: NC Zip: 28334

Setup Signature: [Signature] State Lic# 3070

B. Electrical Contractor Company Name: MARK EDWARDS ELECTRICAL SERVICE

Phone: 910 990 0859 Address: 265 OXFORDS LANE

City: CLINTON State: NC Zip: 28328

Electrician's Signature: Mark Edwards State Lic# 18781L

C. Mechanical Contractor Company Name: TRIANGLE HEATING & AIR INC

Phone: 919 669-1264 Address: P.O. Box 1400 E E Dorley St.

City: COATE State: NC Zip: 27521

HVAC Signature: Charles Z [Signature] State Lic# 25537

D. Plumbing Contractor Company Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Plumber's Signature: \_\_\_\_\_ State Lic# \_\_\_\_\_

**Part III - Manufactured Home Information**

Model Year: 1980 Size: 24x60 **Complete & follow zoning criteria sheet**

Park Name: \_\_\_\_\_ Lot Number: \_\_\_\_\_

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[Signature]  
Signature of Home Owner or Agent

\_\_\_\_\_  
Date

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Customer added  
Cont. Info/Names  
6-16-10

2  
JB

2

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City: Dunn State: NC Zip: 28335 Daytime Phone: 919-985-1138

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.  
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A. **Set-Up Contractor** Company Name: BJ mobile movers  
Phone: 892-9199 Address: 2915 North Spring Branch Rd  
City: Dunn State: NC Zip: 28334  
Setup Signature: [Signature] State Lic# 3076

B. **Electrical Contractor** Company Name: \_\_\_\_\_  
Phone: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Electrician's Signature: \_\_\_\_\_ State Lic# \_\_\_\_\_

C. **Mechanical Contractor** Company Name: TRIANGLE HEATING & AIR INC  
Phone: 919-669-1764 Address: P.O. Box 1400 E Dorey St.  
City: COLE State: NC Zip: 27521  
HVAC Signature: [Signature] State Lic# 25537

D. **Plumbing Contractor** Company Name: Mitch's Plumbing Service / Mitch Hargrove  
Phone: 919-820-2378 Address: 654 Red Hill Church Rd  
City: Dunn State: NC Zip: 28334  
Plumber's Signature: [Signature] State Lic# 14438

**Part III - Manufactured Home Information**

Model Year: 1980 Size: 24x60 **Complete & follow zoning criteria sheet**

Park Name: \_\_\_\_\_ Lot Number: \_\_\_\_\_

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[Signature]  
Signature of Home Owner or Agent

\_\_\_\_\_  
Date

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