

Application # 11500 26433

**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: JEFFREY K. LUCAS Address: 109 SPRENG LANE

City: LILLINGTON State: N.C. Zip: 27546 Daytime Phone: (910) 591-8078

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

Name: <sup>WILLIAM TYRONA LUCAS</sup> WILLIAM TYRONA LUCAS, JEFFREY K. LUCAS Address: 1825 S. HARNEA BLVD

City: SANFORD State: N.C. Zip: 27330 Daytime Phone: (910) 591-8078

**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: SEE ATTACHED

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

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

Setup Signature: \_\_\_\_\_ State Lic# \_\_\_\_\_

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

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

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

Electrician's Signature: Jeff Lucas State Lic# \_\_\_\_\_

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

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

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

HVAC Signature: Jeff Lucas State Lic# \_\_\_\_\_

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

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

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

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

**Part III - Manufactured Home Information**

Model Year: 2001 Size: 28 X 76 **Complete & follow zoning criteria sheet**

SUBDIVISION  
Park Name: \_\_\_\_\_ Lot Number: 2

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.

Jeff Lucas  
Signature of Home Owner or Agent

4-27-11  
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.

Application # \_\_\_\_\_

**Harnett County Central Permitting**  
PO Box 65 Lillington, NC 27546  
Telephone Number: 910-893-7526 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: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Daytime Phone: ( ) \_\_\_\_\_

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:** CHRISTIANS WITH MOVERS  
Phone: 919 770-9660 Address: 544 GOLDEN HILLS LN  
City: SANTAL State: NC Zip: 27332 Email: \_\_\_\_\_  
**Setup Signature:** Greg Christian State Lic# 2367

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

C. **Mechanical Contractor Company Name:** \_\_\_\_\_  
Phone: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_  
**HVAC Signature:** \_\_\_\_\_ State Lic# \_\_\_\_\_

D. **Plumbing Contractor Company Name:** \_\_\_\_\_  
Phone: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_  
**Plumber's Signature:** \_\_\_\_\_ 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.

\_\_\_\_\_  
Signature of Home Owner or Agent

\_\_\_\_\_  
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

COUNTY OF WAKE

PERMIT NO: **19366**

STATE OF NORTH CAROLINA

Date AUGUST 11, 2010

Permission is granted to:

JACK & GAYLE EMERY

7824 EMERY GAYLE LN CARY NC 27519-8262

Date Purchased 10/10/2000

Owner (January 1 of current year)

Address

Date Purchased

SAME AS ABOVE

Current Owner Information if different

Address

Date Purchased

CHRISTIANS MOBILE HOME MOVERS

544 GOLDEN HILLS LN SANFORD NC 27332

Phone # 919-770-9660

to move the following mobile home:

HORIZON 2001 Model

28X76 Size

H173004 GLR Serial Number

From: 7828 EMERY GAYLE LN CARY NC 27519-8262

Physical Address

To: 544 GOLDEN HILLS LN SANFORD NC 27332

Physical Address

PRIVATE / Mobile Home Park & Lot #

HARNETT / County

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

This permit shall be conspicuously displayed near the license tag on the rear of the mobile home at all times during transportation.

By: Rent A Race

Wake County Revenue Department

THIS PERMIT VALID FOR THE ABOVE MOVE ONLY.

Attach copies of paid bill to File Copy