Application #______

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 WANDA & Carey Address 2927 Hillwood DR.
City LAW RENCEVILLE State 6A Zip 30044 Daytime Phone 618 520 - 8810
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 117 POUCS NOTES
Phone 919-499-27 (SAddress 1258 B/ACK, TD)
City $\frac{CAMERON}{State}$ State $\frac{NC}{DR/S}$ $\frac{2832C}{DR/S}$
State Lict
B Electrical Contractor Company Name Colles HFT CF Stort
Phone 919-258-5664 Address 9490 010421
City Bloadory State N. Zip 27505
State Lic#Email
Phone 919-250-560 Address 9490 014421
City BROadvy State N.C. Zip 27505
State Lic# \$276 Email
The state Company Name MARKS NOME SETS
Phone 2/9-499 27 Address 1258 Black RD.
City P P M R
State Lic# 3441 Email DA'SRARO POL, COM
Part III – Manufactured Home Information
Model Year 2009 Size 32 X 68 Complete & follow zoning criteria sheet
Park NameLot Number
I hereby certify that I have the authority to apply for this permit that the application is correct including the contractor information and have obtained their permission to purchase these permits on their behalf 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 <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

FACTORY EXPO HOME CENTER

115 Titan Roberts Rd , PO Box 1829 • Lillington, NC 27546 • 1-800-504-3238

SUYER 1	Wanda Carey	UYER 2			-	DATI		Mar	ch ,4 ,	2011		
ALING		CITY	спу		STATE GA		30044		PHONE		678 5	520 8810
EL NIEDY	2927 Hillwood Dr	- Croy	Lawrenceville		STATE NC	ZIP			CELL			
	255 Shue Rd		roadway		NO	THERMAL						
DELIVERY COUNTY					one 1 ZONE Therm Zone 2							
SALESPERS	Larry Eichstadt	45007 THIS CONTRACT REVISED FROM			ADDRESS WECA				re38@gmail.com			
AAKE &	Brookside by Champ				2009	BEDROOMS 3			BATHS 2			n –
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<u>chan</u> subm	ges must submitted on a signed Change hitted with full payment X	Oldel Tedde	ist and									
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on t	errain of delivery site XWC X			卜		***						
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unn	ald balance must be said prior to delivery	from the fact	tory I/We	Do	wn Payment						\$	(5,000 00
authorize Factory Exportisme Center to take this home off the market for sale. I/We understand that the final payment is due according the terms					Additional Payment as Agreed							(8,529 00
outi	lined in this agreement XVV X							Unj	paid B	alance	\$	54,116 00
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