

Application # 1250028887

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: Keith Buchanan Address: _____

City: Broadway State: N.C Zip: 27505 Daytime Phone: 919 499-7962

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

Name: Keith Buchanan Address: _____

City: Broadway State: N.C Zip: 27505 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: _____

Phone: _____ Address: _____

City: _____ State: _____ Zip: _____

State Lic# SELF Email: _____

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

Phone: _____ Address: _____

City: _____ State: _____ Zip: _____

State Lic# SELF Email: _____

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

Phone: _____ Address: _____

City: _____ State: _____ Zip: _____

State Lic# SELF Email: _____

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

Phone: _____ Address: _____

City: _____ State: _____ Zip: _____

State Lic# SELF Email: _____

Part III - Manufactured Home Information

Model Year: 2000 Size: 24x50 **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 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.

Keith Buchanan
Signature of Home Owner or Agent

7-9-12
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.

11-1454119

STATE OF NORTH CAROLINA

MVR-191 (Rev. 6/89)

97345451V

90

CERTIFICATE OF TITLE

TITLE NUMBER [776909992239115] GROSS WEIGHT 490055903738AB
 LICENSE FEE 08/14/1999 TITLE ISSUE DATE 08/14/1999
 YEAR MODEL 2000 MAKE BROOC BODY STYLE MH
 VEHICLE IDENTIFICATION NUMBER 490055903738AB

MAILING ADDRESS

GREEN TREE FINANCIAL SERVICING CORP
 2501 BLUE RIDGE RD
 STE 200
 RALEIGH NC 27607-6436

133

OWNER(S) MICHAEL SCOTT THORNE
 NAME AND 190 HOLLY SPRINGS RD
 ADDRESS BROADWAY NC 27505-9306

THIRD LIENHOLDER:

DATE:

3RD RELEASED BY SECOND LIENHOLDER:

DATE:

2ND RELEASED BY FIRST LIENHOLDER:

DATE: 07/26/1999

GREEN TREE FINANCIAL SERVICING CORP
 2501 BLUE RIDGE RD STE 200
 RALEIGH NC 27607-6436

1ST RELEASED BY

DATE:

ADDITIONAL LIENS:

The Commissioner of Motor Vehicles of the State of North Carolina hereby certifies that an application for a certificate of title to the herein described vehicle has been filed pursuant to the General Statutes of North Carolina and 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 the day and year appearing in this certificate as the title issue date.

COMMISSIONER OF MOTOR VEHICLES



63502400
 115 TIC1154

125002887

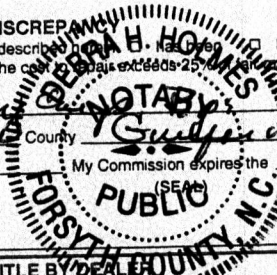
Federal and State law requires that you state the mileage in connection with the transfer of ownership. Failure to complete or providing a false statement may result in fines and/or imprisonment.

ASSIGNMENT OF TITLE BY REGISTERED OWNER

A The undersigned hereby certifies that the vehicle described in this title has been transferred to the following printed name and address.
Johnny Faircloth (NO TENTHS) and reflects the actual mileage of this vehicle unless
 "I certify to the best of my knowledge that the odometer reading is: _____ and reflects the actual mileage of this vehicle unless one of the following statements is checked."
 1. The mileage stated is in excess of its mechanical limits.
 2. The odometer reading is not the actual mileage

WARNING — ODOMETER DISCREPANCY
 To my knowledge the vehicle described herein has not been involved in collision or other occurrence to the extent that the cost to repair exceeds 25% of fair market retail value.

DATE VEHICLE DELIVERED TO PURCHASER _____
 Hand Printed Name and Signature(s) of Seller(s) Green Tree Financial Services
 Acknowledged before me this 8th day of December, 2010 County Greene State NC
 Notary Public Debra H. Johnson My Commission expires the 7th day of Nov., 2014
 "I am aware of the above odometer certification and damage disclosure made by the seller."
 Hand Printed Name and Signature(s) of Buyer(s) _____



FIRST RE-ASSIGNMENT OF TITLE BY DEALER

B The undersigned hereby certifies that the vehicle described in this title has been transferred to the following printed name and address.
 "I certify to the best of my knowledge that the odometer reading is: _____ (NO TENTHS) and reflects the actual mileage of this vehicle unless one of the following statements is checked."
 1. The mileage stated is in excess of its mechanical limits.
 2. The odometer reading is not the actual mileage

WARNING — ODOMETER DISCREPANCY
 To my knowledge the vehicle described herein has been has not been involved in collision or other occurrence to the extent that the cost to repair exceeds 25% of fair market retail value.

DATE VEHICLE DELIVERED TO PURCHASER _____
 Hand Printed Name and Signature(s) of dealer or agent _____ Dealer's No. _____
 Printed Firm Name _____
 Acknowledged before me this _____ day of _____, _____ County _____ State _____
 Notary Public _____ My Commission expires the _____ day of _____, _____
 "I am aware of the above odometer certification and damage disclosure made by the seller."
 Hand Printed Name and Signature(s) of Buyer(s) _____

PURCHASER'S APPLICATION FOR NEW CERTIFICATE OF TITLE

C THE UNDERSIGNED, PURCHASER OF THE VEHICLE DESCRIBED ON THE FACE OF THIS CERTIFICATE, HEREBY MAKES APPLICATION FOR A NEW CERTIFICATE OF TITLE AND CERTIFIES THAT SAID VEHICLE IS SUBJECT TO THE FOLLOWING NAMED LIENS AND NONE OTHER, AND THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND ACCURATE TO MY BEST KNOWLEDGE AND BELIEF.

FIRST LIEN			SECOND LIEN		
DATE _____	ACCOUNT # _____		DATE _____	ACCOUNT # _____	
LIENHOLDER ID# _____	LIENHOLDER NAME _____		LIENHOLDER ID# _____	LIENHOLDER NAME _____	
ADDRESS _____			ADDRESS _____		
CITY _____	STATE _____	ZIP CODE _____	CITY _____	STATE _____	ZIP CODE _____

DISCLOSURE SECTION

In 1997, the North Carolina Legislature passed a bill which allows citizens to protect their personal information contained in the records of the Division of Motor Vehicles. Failure to check the block below will allow the Division of Motor Vehicles to release your name and address for marketing and solicitation after January 1, 2000.
 I (We) would like the personal information contained in this application not to be released.

I CERTIFY FOR THE MOTOR VEHICLE DESCRIBED ON THIS TITLE THAT I HAVE FINANCIAL RESPONSIBILITY AS REQUIRED BY LAW

Print or type full name of insurance company authorized in N.C.-not agency or group _____ Policy number-if policy not issued, name of agency binding coverage _____

SIGNATURE OF PURCHASER(S)	Plate to be transferred	Odometer Reading (No Tenths)
	FIRST NAME _____ MIDDLE NAME _____ LAST NAME _____	D. L. Number Owner 1 _____ D. L. Number Owner 2 _____
	PRINT IN INK OR TYPE NAME EXACTLY AS IT APPEARS ABOVE IN SIGNATURE _____	ACKNOWLEDGED BEFORE ME
	RESIDENCE ADDRESS _____	THIS _____ DAY OF _____
POST OFFICE _____ COUNTY OF RESIDENCE _____ ZIP CODE _____	MY COMMISSION EXPIRES _____	(SEAL)
MAILING ADDRESS IF DIFFERENT FROM ABOVE _____	SIGNATURE OF NOTARY PUBLIC IN INK _____	

NOTE: RETAIL PURCHASER MUST APPLY FOR NEW TITLE WITHIN 28 DAYS AFTER PURCHASE OR PAY STATUTORY PENALTY. ALTERATIONS OR ERASURES WILL VOID THIS TITLE.