

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: Eulogio Cano Address: ~~_____~~ ~~_____~~ 301 Bailey Rd
City: Coats State: NC Zip: 27521 Daytime Phone: 910-635-5314

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

Name: Eulogio Cano Address: 301 Bailey Rd
City: Coats State: N.C. Zip: 27521 Daytime Phone: 910-635-5314

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 mobile home Movers
Phone: 919-422-8623 Address: 1085-A Aquilla Rd
City: Denson State: N.C. Zip: 27504
State Lic# _____ Email: BOBBYBNT@Gmail.com
- B. **Electrical Contractor** Company Name: Eulogio Cano
Phone: _____ Address: ~~_____~~
City: _____ State: _____ Zip: _____
State Lic# _____ Email: _____
- C. **Mechanical Contractor** Company Name: Eulogio Cano
Phone: _____ Address: _____
City: _____ State: _____ Zip: _____
State Lic# _____ Email: _____
- D. **Plumbing Contractor** Company Name: Eulogio Cano
Phone: _____ Address: _____
City: _____ State: _____ Zip: _____
State Lic# _____ Email: _____

Part III - Manufactured Home Information

Model Year: 1988 Size: 27x40 **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.

Eulogio Cano
Signature of Home Owner or Agent

4/4/17
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.*

HARNETT COUNTY CENTRAL PERMITTING

P.O. BOX 65

LILLINGTON, NC 27546

For Inspections Call: (910) 893-7525 Fax: (910) 893-2793

Bldg Insp scheduled before 2pm available next business day.

Application Number 17-50040888 Date 4/04/17
Property Address 94520 *UNASSIGNED
PARCEL NUMBER 07-1519- - -0014- - -
Application type description CP MANUFACTURED HOME RA 30 CRITERIA
Subdivision Name
Property Zoning RES/AGRI DIST - RA-30

Owner

CANO CIRILO TIC & EULOGIO TIC
319 BAILEY ROAD
COATS NC 27521
(919) 894-8309

Contractor

STATE MOBILE HOME MOVERS
1085 A AQUILLA RD
BENSON NC 27504
(910) 894-8038

Applicant

CAMP EULOGIO
301 BAILEY RD
COATS NC 27521
(910) 635-5314

--- Structure Information 000 000 27X40 3 BR FUTURE DECKS ON FRONT/REAR
Flood Zone FLOOD ZONE X
Other struct info # BEDROOMS 3.00
MOBILE HOME YEAR 9999.00
PROPOSED USE DWMH
SEPTIC - EXISTING? NEW
WATER SUPPLY COUNTYN

Permit MANUFACTURED HOME PERMIT
Additional desc
Phone Access Code 1185768
Issue Date 4/04/17 Valuation 0
Expiration Date 4/04/18

Permit LAND USE PERMIT
Additional desc
Phone Access Code 1185776
Issue Date 4/04/17 Valuation 0
Expiration Date 10/01/17

Special Notes and Comments

T/S: 03/07/2017 10:22 AM DJOHNSON --
27 E THRU COATS KEEP STRAIGHT ABOUT TO
BOARDERLINE OF COATS AND BENSON. TO
BAILEY RD ON RIGHT HAND SIDE. TAKE
THAT RIGHT AND KEEP STRIAGHT. THE
HOUSE WILL BE ON THE RIGHT HAND SIDE OF

HARNETT COUNTY CENTRAL PERMITTING

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Special Notes and Comments

RD. BETWEEN 345 AND 271 BAILEY RD.

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Subdivision Name		
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Required Inspections

Seq	Phone Insp#	Insp Code	Description	Initials	Date
Permit type MANUFACTURED HOME PERMIT					
10	501	T501	R*MOBILE HOME FOUND./ M. WALL	_____	___/___/___
10	814	A814	ADDRESS CONFIRMATION	_____	___/___/___
20	818	Z818	PZ*ZONING INSPECTION	_____	___/___/___
30	507	T507	R*MANUFACTURED HOME FINAL	_____	___/___/___
999		H824	ENVIR. OPERATIONS PERMIT	_____	___/___/___
999		H828	ENVIRO. WELL PERMIT	_____	___/___/___
999	307	P307	R*PLUMB WATER CONNECTION	_____	___/___/___
Permit type LAND USE PERMIT					
999	818	Z818	PZ*ZONING INSPECTION	_____	___/___/___
999	820	Z820	PZ*ZONING/FINAL INSPECTION	_____	___/___/___