

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: Victoria Wicker Address: 1049 Cool Springs Rd
 City: Lillington State: NC Zip: 27546 Daytime Phone: 919-775-3600

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

Name: EST Warrack Enterprises Inc Address: 3335 NC Hwy 87 S
 City: Seneca State: NC Zip: 27332 Daytime Phone: (919-775-3600

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: Raven Rock MH Movers
 Phone: 919-775-3600 Address: 3335 NC Hwy 87 S
 City: Seneca State: NC Zip: 27332
 State Lic# 3400 Email: N/A
- B. **Electrical Contractor** Company Name: Red Top Electric
 Phone: 919-499-3405 Address: 1610 Cool Springs Rd
 City: Seneca State: NC Zip: _____
 State Lic# 19422-L Email: N/A
- C. **Mechanical Contractor** Company Name: Tin Shop
 Phone: 919-208-8340 Address: 3489 Edwards Rd
 City: Seneca State: NC Zip: 27332
 State Lic# 22513 Email: _____
- D. **Plumbing Contractor** Company Name: Larry Measomer
 Phone: 919-343-8387 Address: 2521 Westgate Dr
 City: Seneca State: NC Zip: 27330
 State Lic# 23822 Email: N/A

Part III - Manufactured Home Information

Model Year: 2019 Size: 32 X 70 *Complete & follow zoning criteria sheet*
 Park Name: Private Lot 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.

[Signature] Signature of Home Owner or Agent 118119 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.

**E. J. WOMACK ENTERPRISES INC.
DBA COUNTRY FAIR HOMES**

3335 NC 87 Highway S.
SANFORD, NORTH CAROLINA 27332
(919) 775-3600 • Fax: (919) 775-7533

BUYER(S) Victoria Wincev		PHONE	DATE 11/5/18
ADDRESS		SALESPERSON EJ Womack	
DELIVERY ADDRESS 1049 Cool Springs Rd Lillington NC 27546			
MAKE & MODEL Champion 3276-04 Hud	YEAR 2019	BEDROOMS 4	FLOOR SIZE 76
			HITCH SIZE 30
SERIAL NUMBER TBD	COLOR	PROPOSED DELIVERY DATE	STOCK NUMBER W32
<input checked="" type="checkbox"/> NEW <input type="checkbox"/> USED		KEY NUMBERS	

LOCATION	R-VALUE	THICKNESS	TYPE OF INSULATION	BASE PRICE OF UNIT	\$143,747.00
CEILING				OPTIONAL EQUIPMENT	INC
EXTERIOR					
FLOORS				SUB-TOTAL	\$143,747.00

THIS INSULATION INFORMATION WAS FURNISHED BY THE MANUFACTURER AND IS DISCLOSED IN COMPLIANCE WITH THE FEDERAL TRADE COMMISSION RULE 16CFR SECTION 460.16.

OPTIONAL EQUIPMENT, LABOR AND ACCESSORIES		NON-TAXABLE ITEMS	
Delivery + Setup Brick foundation Footers Septic Water tap Land Steps Electrical Hook up Plumbing Heatpump 4 ton		VARIOUS FEES AND INSURANCE	
		CASH PURCHASE PRICE	\$143,747.00
		TRADE-IN ALLOWANCE	\$
		LESS BAL. DUE on above	\$
		NET ALLOWANCE	\$
CASH DOWN PAYMENT	\$		
CASH AS AGREED	\$		
		LESS TOTAL CREDITS	\$
		SUB-TOTAL	\$
		SALES TAX (If Not Included Above)	
		Unpaid Balance of Cash Sale Price	\$143,747.00

Dealer and Buyer certify that the additional terms and conditions printed on the other side of this Agreement are agreed to as a part of this Agreement, the same as if printed above the signatures. Buyer is purchasing the above described manufactured home; the optional equipment and accessories, the insurance as described has been voluntary; that Buyer's trade-in is free from all claims whatsoever, except as noted.

ESTIMATED RATE OF FINANCING _____ %
 NUMBER OF YEARS _____
 ESTIMATED MONTHLY PAYMENTS \$ _____

THIS AGREEMENT CONTAINS THE ENTIRE UNDERSTANDING BETWEEN DEALER AND BUYER AND NO OTHER REPRESENTATION OR INDUCEMENT, VERBAL OR WRITTEN, HAS BEEN MADE WHICH IS NOT COVERED IN THIS AGREEMENT.
 BUYER(S) ACKNOWLEDGE RECEIPT OF A COPY OF THIS ORDER AND THAT BUYER(S) HAVE READ AND UNDERSTAND THE BACK OF THIS AGREEMENT.

I UNDERSTAND THAT I HAVE THE RIGHT TO CANCEL THIS PURCHASE BEFORE MIDNIGHT OF THE THIRD BUSINESS DAY AFTER THE DATE THAT I HAVE SIGNED THIS AGREEMENT. I UNDERSTAND THAT THIS CANCELLATION MUST BE IN WRITING. IF I CANCEL THE PURCHASE AFTER THE THREE DAY PERIOD, I UNDERSTAND THAT THE DEALER MAY NOT HAVE ANY OBLIGATION TO GIVE ME BACK ALL OF THE MONEY THAT I PAID THE DEALER. I UNDERSTAND ANY CHANGE TO THE TERMS OF THE PURCHASE AGREEMENT BY THE DEALER WILL CANCEL THIS AGREEMENT.

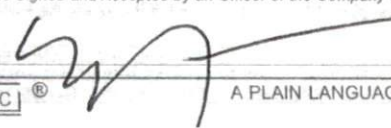
BALANCE CARRIED TO OPTIONAL EQUIPMENT \$

NOTE: WARRANTY AND EXCLUSIONS AND LIMITATIONS OF DAMAGES ON THE REVERSE SIDE.

DESCRIPTION OF TRADE-IN	YEAR	SIZE
		x
MAKE	MODEL	BEDROOMS
TITLE NO.	SERIAL NO.	COLOR
AMOUNT OWING TO WHOM		
ANY DEBT BUYER OWES ON TRADE-IN IS TO BE PAID BY <input type="checkbox"/> DEALER <input type="checkbox"/> BUYER		

**E. J. WOMACK ENTERPRISES INC.
DBA COUNTRY FAIR HOMES** DEALER

Not Valid Unless Signed and Accepted by an Officer of the Company or an Authorized Agent

Approved By: 

SIGNED X _____ BUYER
 SOCIAL SECURITY NO. _____ / _____ / _____
 SIGNED X _____ BUYER
 SOCIAL SECURITY NO. _____ / _____ / _____