

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: Bobby Woodall Address: 931 Bella Bridge Rd  
City: Broadway State: NC Zip: 27505 Daytime Phone: 919-770-0675

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: Raven Rock Mt Movers  
Phone: 919-775-3600 Address: 3335 NC Hwy 875  
City: Sanford State: NC Zip: 27332  
State Lic# 3400 Email: N/A
- B. **Electrical Contractor** Company Name: Edwin Johnson  
Phone: 919-499-3475 Address: 1600 Cool Springs Rd  
City: Sanford State: NC Zip: 27330  
State Lic# PL422-L Email: N/A
- C. **Mechanical Contractor** Company Name: Tin Shop  
Phone: 919-708-8340 Address: 3489 Edgewood Rd  
City: Sanford State: NC Zip: 27330  
State Lic# 22513 Email: \_\_\_\_\_
- D. **Plumbing Contractor** Company Name: Raven Rock Mt Movers  
Phone: 919-775-3600 Address: 3335 NC Hwy 875  
City: Sanford State: NC Zip: 27332  
State Lic# 3400 Email: \_\_\_\_\_

**Part III – Manufactured Home Information**

Model Year: 1996 Size: 14x76 **Complete & follow zoning criteria sheet**  
Park Name: Private 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

10/10/18  
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) 775-3800 • Fax: (919) 775-7533

BUYER(S) <i>Bobby E Woodall</i>		PHONE <i>919-770-0675</i>	DATE <i>8-28-15</i>
ADDRESS <i>11 Sunny Ln. Sanford, NC 27332</i>		SALESPERSON <i>Chris</i>	
DELIVERY ADDRESS <i>9th Belle Bridge Rd. Broadway, NC 27330</i>			
MAKE & MODEL <i>N Elm</i>	YEAR <i>96</i>	BEDROOMS <i>3</i>	FLOOR SIZE <i>L 26 W 14</i>
SERIAL NUMBER <i>13833366</i>		COLOR	HITCH SIZE <i>20 W 14</i>
<input type="checkbox"/> NEW <input checked="" type="checkbox"/> USED		PROPOSED DELIVERY DATE <i>15/11</i>	STOCK NUMBER
KEY NUMBERS		KEY NUMBERS	

LOCATION	R-VALUE	THICKNESS	TYPE OF INSULATION
CEILING			
EXTERIOR			
FLOORS			

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

BASE PRICE OF UNIT	\$21,600.00
OPTIONAL EQUIPMENT	<i>ZMC</i>
<b>SUB-TOTAL</b>	\$21,600.00
SALES TAX	<i>NR</i>

OPTIONAL EQUIPMENT, LABOR AND ACCESSORIES	
<i>Del. &amp; Set to County Codes</i>	\$
<i>Vinyl Sk. etc.</i>	
<i>Retrack HP</i>	
<i>Plumbing &amp; Electric Hookup at perimeter of house</i>	
<i>2 sets of 8d steps</i>	
<i>Permits</i>	
<i>(Tires &amp; Axles will be Returned to Dealer)</i>	
<i>(Sold as IS where IS)</i>	
BALANCE CARRIED TO OPTIONAL EQUIPMENT	\$

NON-TAXABLE ITEMS	
VARIOUS FEES AND INSURANCE	
<b>CASH PURCHASE PRICE</b>	\$21,600.00
TRADE-IN ALLOWANCE	\$
LESS BAL. DUE on above	\$
NET ALLOWANCE	\$
CASH DOWN PAYMENT	\$10,300.00
CASH AS AGREED	\$
<b>LESS TOTAL CREDITS</b>	\$
<b>SUB-TOTAL</b>	\$11,300.00
SALES TAX (if Not Included Above)	
<b>Unpaid Balance of Cash Sale Price</b>	\$11,700.00

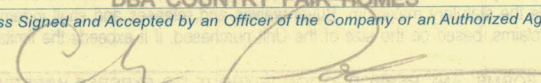
Dealer and Buyer certify that the additional terms and conditions printed on the other side of this Agreement are agreed to as a part of this Agreement, the same as if printed above the signatures. Buyer is purchasing the above described manufactured home; the optional equipment and accessories, the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

ESTIMATED RATE OF FINANCING	<i>10</i>	%
NUMBER OF YEARS	<i>3</i>	
ESTIMATED MONTHLY PAYMENTS \$	<i>354.00</i>	

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.**

<b>NOTE: WARRANTY AND EXCLUSIONS AND LIMITATIONS OF DAMAGES ON THE REVERSE SIDE.</b>			
DESCRIPTION OF TRADE-IN	YEAR	SIZE	
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			

<b>E. J. WOMACK ENTERPRISES INC.</b> <b>DBA COUNTRY FAIR HOMES</b> <small>Not Valid Unless Signed and Accepted by an Officer of the Company or an Authorized Agent</small>	DEALER 	SIGNED X <i>Bobby E Woodall</i> BUYER SOCIAL SECURITY NO. <i>6244-K-5228</i>
Approved By <i>[Signature]</i>	SIGNED X BUYER SOCIAL SECURITY NO.	

MVR 191 (Rev 05/07)

CERTIFICATE OF TITLE

VEHICLE IDENTIFICATION NUMBER

13833366

YEAR MODEL

1996

MAKE

NEWM

BODY STYLE

MH

TITLE NUMBER

778447090286047

TITLE ISSUE DATE

02/03/2009

PREVIOUS TITLE NUMBER

773605972383092

MAIL TO

TIMOTHY JAMES HOOPER  
1660 SPRING HILL CH RD  
LILLINGTON NC 27546

ODOMETER READING

ODOMETER STATUS

TITLE BRANDS

OWNER(S) NAME AND ADDRESS

TIMOTHY JAMES HOOPER  
1660 SPRING HILL CH RD  
LILLINGTON NC 27546



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

COMMISSIONER OF MOTOR VEHICLES



FIRST LIENHOLDER: DATE OF LIEN

LIEN RELEASED BY:  
SIGNATURE

TITLE DATE

SECOND LIENHOLDER: DATE OF LIEN

LIEN RELEASED BY:  
SIGNATURE

TITLE DATE

THIRD LIENHOLDER: DATE OF LIEN

LIEN RELEASED BY:  
SIGNATURE

TITLE DATE

FOURTH LIENHOLDER: DATE OF LIEN

LIEN RELEASED BY:  
SIGNATURE

TITLE DATE

ADDITIONAL LIENS:

79676966  
047 TIC0470