ConfigID:	4965052	SALES WO	RKSHEET	
DATE:	10/30/2018			
BUYER(S):	Lorenza Covingtor	1		
ADDRECC.				
ADDRESS:	8276 NORTH CAR	OLINA 27 E		
	COATS, NC 27521			
DELIVERY A	4-20-011			
TELEBULON		N, NC 28339		
TELEPHON	E: <u>(919)912-8591</u>	SALES PERSON: <u>Catherine Long</u>		
BASE PACK	AGE PRICE:		\$78,956.60	
Sa	les Tax & Other Ta	xes and Related Amounts (if Appl	icable)\$1,875.22	
NO	OTE - Does not incl	ude all costs/fees that may be inv	olved in your transaction - lender fees, closing costs, etc.	
1. CASH PA	CKAGE PRICE		\$80,831.82	
Tr	ade Allowance	\$0.00		
Le	ss Amount Owed	\$0.00		
	ade Equity	\$0.00		
	her Payments	\$0.00		
	sh DownPayment	\$20,000.00		
2. LESS ALL		A CVA CE PRICE	\$20,000.00	
	ING BALANCE OF P	ACKAGE PRICE	\$60,831.82	
HOME PUR	CHASED: Make:	CMH	RSO #: 26 X46 3Bed-2Bat	hs
	Model:	TRU MH	Stock #(HA1448	
	Serial #:	CLH041448TNAB	X New Used	
TRADE:	Make:			
	Model:		Stock #:	
	Serial #:		Year:	
	Title:		Length: 0 Width: 0	
	Amount	owed will be paid by: 🗶 Buyer		
	Owed to:			
OPTIONS:				
14 seer hea	t pump installed, p	lumb water up to 75 ft and sewer	r up to 20 ft. connections, wire panel box to home for	
power, pier	and perm. footers	, brick skirting wall, 2 sets steps fr	ront and back to code.	
SELLER RES	PONSIBILITIES:			
Deliver and	setup to county co	de, contractor permits.		
BUYER RESI	PONSIBILITIES:			_
zoning and	septic re-inspection	n permits. septic in good working	condition, water tap or well on property.	
ACKNOWLE	DGEMENT: Buyer a	knowledges and agrees that this	Sales Worksheet presents a proposed sales package based	lon
information	reasonably availab	e at this time. The terms of the	proposal may change at any time based on Seller's or Buy	er's
preferences	and additional info	rmation that becomes available co	oncerning the potential sale. Information provided is based	on
estimates of	costs related to the	e sales package, including but not	limited to home unit, options, add-ons, construction costs.	etc.
the terms o	the agreed upon	sales package, including additional	information concerning the sale that may not be listed in	this
worksneet, v	closing of the sale	and will be subject to the torms of	or other sales-related documentation entered into by Seller	and
contain addi	tional information	concerning rights, obligations, and	nd conditions contained therein. The final sales agreement is disclosures applicable to the transaction. New manufactu	nay
homes meet	Federal Manufacti	ured Home Standards. Actual hom	ne purchased may not meet local codes and standards. Bu	wer
should check	with local authoriti	es to verify local requirements.	to personal may not meet local codes and standards. De	iyei
	01	\bigcap Λ		
/	60.5	(21)	i	
SELLER:	Munic	-9/	BUYER: LONENZACOC; 4Gton	
	TON HOMES DUN LW CUMBERLAND	N, NC		
	892-0108	ST DIBININ, INC	BUYER:	

Retail Sales Worksheet-Multi-1-2075 (April 2013)

Application

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: LOTED 79 COVINSTON ESSICA-CLARK 8276 NIC 27E				
City: Cocits State: NC Zip: 27521 Daytime Phone: (919) 912-6165				
Landowner Information (To be completed by landowner, if different than above)				
Name: Lorenza Covingtont Clark Address: 113 Island Circle Drive				
City: Erwin St. NC Zip: 28339 Daytime Phone: 919912-6165				
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: 5 Tate Mobile Home Movers				
Phone: 919-422-8623 Address: 1085 A Agnilla Rd.				
City: Benson State: NG Zip: 127504				
State Lic# 2859 Email.				
B. Electrical Contractor Company Name: Mabry Electric Service, lne				
Phone: 19-639-4831 Address: 731 Nbbry Rd.				
City: Angiler State: NC Zip: 77501				
State Lic#Email:				
C. Mechanical Contractor Company Name: Spell Mechan's carl				
Phone: 110-525-5976Address: FO, BOX 93				
City: Autry 11e State: NC Zip: 283/8				
State Lic# 105 14 Email:				
D. Plumbing Contractor Company Name: Priority flumbing				
Phone: 919-639-7200 Address: RO, Box 254				
City: Willow Springs State: NC. Zip: 37592				
State Lic# 18550 F Email:				
Part III – Manufactured Home Information				
Model Year: 20/8 Size: 28x 48 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.				

*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.

SETUP

Signature of Home Owner or Agent