

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: Maurice Stanton Address: 668 Nutgrass Rd
City: Bunnlevel State: NC Zip: 28323 Daytime Phone: 910-354-9862

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

Name: Same 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 MH Movers
Phone: 919-775-3600 Address: 3335 NC Hwy 87S
City: Sanferd State: NC Zip: 27332
State Lic# 3400 Email: N/A
- B. **Electrical Contractor** Company Name: Maurice Stanton
Phone: 910-354-9862 Address: 668 Nutgrass Rd
City: Bunnlevel State: NC Zip: 28323
State Lic# Self Email: N/A
- C. **Mechanical Contractor** Company Name: Tin Shop
Phone: 919-708-8340 Address: 3489 Edwards Rd
City: Sanferd State: NC Zip: 27332
State Lic# 22513 Email: N/A
- D. **Plumbing Contractor** Company Name: Maurice Stanton
Phone: 910-354-9862 Address: 668 Nutgrass Rd
City: Bunnlevel State: NC Zip: 28323
State Lic# Self Email: N/A

Part III - Manufactured Home Information

Model Year: 2011 Size: 32 X 68

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

11/19/18
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) 775-3600 • Fax: (919) 775-7533

BUYER(S) **MAURICE + ANTOINETTE STATON** PHONE **910-354-9862** DATE **10/30/18**
 ADDRESS **668 NUTGRASS RD, BUNNLEVEL NC 28323** SALESPERSON **EJ WOMACK**
 DELIVERY ADDRESS **668 NUTGRASS RD, BUNNLEVEL NC 28323**
 MAKE & MODEL **CC-3264-01** YEAR **2016** BEDROOMS **3** FLOOR SIZE **L 64 W 30'4** HITCH SIZE **L 68 W 30'4** STOCK NUMBER
 SERIAL NUMBER **023-000-H-A002677AB** NEW USED COLOR PROPOSED DELIVERY DATE KEY NUMBERS

LOCATION	R-VALUE	THICKNESS	TYPE OF INSULATION	BASE PRICE OF UNIT	
CEILING	30			\$ 123,000	
EXTERIOR	11				
FLOORS	22				
OPTIONAL EQUIPMENT					
SUB-TOTAL				\$ 123,000	
SALES TAX					INCLUDED

OPTIONAL EQUIPMENT, LABOR AND ACCESSORIES	NON-TAXABLE ITEMS	VARIOUS FEES AND INSURANCE
DELIVERY - SET - TRIM		
HEAT Pump		
BACK FOUNDATION (UNDERSKIRT)		
STEPS - 3 SETS		
FOOTERS		
SHEERWALL		
PERMITS		
BACKFIELD		
TERMITE		
2/10 WARRANTY ENGINEER		
		CASH PURCHASE PRICE \$ 123,000 -
		TRADE-IN ALLOWANCE \$ 7000 -
		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 \$ 116,000 -

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

Dealer and Buyer certify that the additional terms a 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; the 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 THE 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 THE AGREEMENT.

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

DESCRIPTION OF TRADE-IN **FLEETWOOD** YEAR **97** SIZE **14 x 70**
 MAKE MODEL BEDROOMS
 TITLE NO. SERIAL NO. COLOR
 AMOUNT OWING TO WHOM **0**
 ANY DEBT BUYER OWES ON TRADE-IN IS TO BE PAID BY DEALER BUYER

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

SIGNED X **[Signature]** BUYER
 SOCIAL SECURITY NO. **149 174 0487**
 SIGNED X **[Signature]** BUYER
 SOCIAL SECURITY NO. **243 139 7518**

Not Valid Unless Signed and Accepted by an Officer of the Company or an Authorized Agent
 Approved By **[Signature]** DEALER