

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: Bradley Lasater Address: 1960 Old Stage Road South

City: Erwin State: NC Zip: 28339 Daytime Phone: (910) 892-2990

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: State mH Movers

Phone: 919-422-8623 Address: 1085-A Aguilera Road

City: Benson State: NC Zip: 27504

State Lic# 2859 Email: _____

B. Electrical Contractor Company Name: Mabry Electric Service Inc.

Phone: 919-639-4837 Address: 731 Mabry Road

City: Angien State: NC Zip: 27501

State Lic# 150724 Email: _____

C. Mechanical Contractor Company Name: Spell Mechanical

Phone: 910-525-5976 Address: P.O. Box 93

City: Autryville State: NC Zip: 28318

State Lic# 10574 Email: _____

D. Plumbing Contractor Company Name: Priority Plumbing

Phone: 919-639-7200 Address: P.O. Box 254

City: Willow Spring State: NC Zip: 27592

State Lic# 18550 P-1 Email: _____

Part III - Manufactured Home Information

Model Year: 2019 Size: 28 X 72 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.

Charles E. [Signature]
Signature of Home Owner or Agent

2/8/19
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.

1316897

SALES AGREEMENT

DATE: 1-16-19
BUYER(S): Bradley E Lasater
Jordan Lasater

ADDRESS: 1960 OLD STAGE ROAD SOUTH ERWIN NC 28339

DELIVERY ADDRESS: 2252 OLD STAGE ROAD SOUTH ERWIN NC 28339

TELEPHONE: (910) 890-2990 SALES PERSON FULL NAME: Catherine Long

BASE PRICE: \$130,123.00

State Tax: \$3,090.43

Local Tax: \$0.00

1. CASH PRICE \$133,213.43

TITLE FEES \$52.00

2. TOTAL PACKAGE PRICE \$133,265.43

Trade Allowance N/A

Less Amount Owed N/A

Trade Equity N/A

Cash Down Payment \$133,265.43

3. LESS ALL CREDITS \$133,265.43

4. REMAINING BALANCE \$0.00

Location	Type of Insulation	Thickness	R-Value
Floors	Fiberglass	7.00	22
Exterior	Fiberglass	3.50	11
Ceilings	Blown Cellulose	8.80	33

This insulation information was furnished by the Manufacturer and is disclosed in compliance with the Federal Trade Commission Rule 16CRF, SECTION 460.16.

Make: CHM RICHFIELD 958 Model: SWEET ONE SERIE
Year: 2019 Length: 172 Width: 28 Stock#: OS0585
Serial No.: RIC250585NCAB New Used

TRADE: Make: N/A Model: N/A
Year: N/A Length: N/A Width: N/A Title #: _____
Serial No.: _____

Amount owed will be paid by: Buyer Seller
Owed to: _____

OPTIONS: 14 seer heat pump installed plumb water up to 75 ft and sewer up to 20 ft connections, wire panel box to home for power, pier and perm. footers, brick skirting wall, 2 sets wood steps front and back to code


SELLER RESPONSIBILITIES: deliver and setup to county code., contractor permits, paint all interior wall gray as shown in lot model, no blinds.

BUYER RESPONSIBILITIES: zoning and septic permits, septic and water on property for hookup, lot level and ready for new home. driveway.

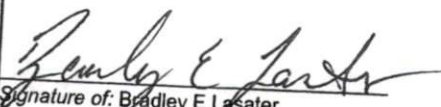
May not meet local codes and standards. New homes meet Federal Manufactured Home Standards.


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 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. ESTIMATED RATE OF FINANCING N/A% NUMBER OF YEARS N/A ESTIMATED MONTHLY PAYMENTS N/A

Buyer(s) agree: (1) that the terms and conditions on page two are part of this agreement; (2) to purchase the above home including the options; (3) that they acknowledge receiving a completed copy of this agreement; (4) that all promises and representations made are listed on this agreement; and (5) that there are no other agreements, written or verbal, unless evidenced in writing and signed by the parties.

SELLER:

CMH Homes, Inc. d/b/a

CLAYTON HOMES DUNN, NC
2001 W CUMBERLAND ST
DUNN NC 28334

BUYER:

Signature of: Bradley E Lasater


Signature of: Jordan Lasater

Signature of: _____

Signature of: _____



HTE# BLES1812-0014

Permit # 30391

Harnett County Department of Public Health Site Sketch

ISSUED TO: Kathleen Lasater

PROPERTY LOCATION: 2252 Old Stage Rd. S. (S21769)
SUBDIVISION _____ LOT # _____

Authorized State Agent: Andrew Curran

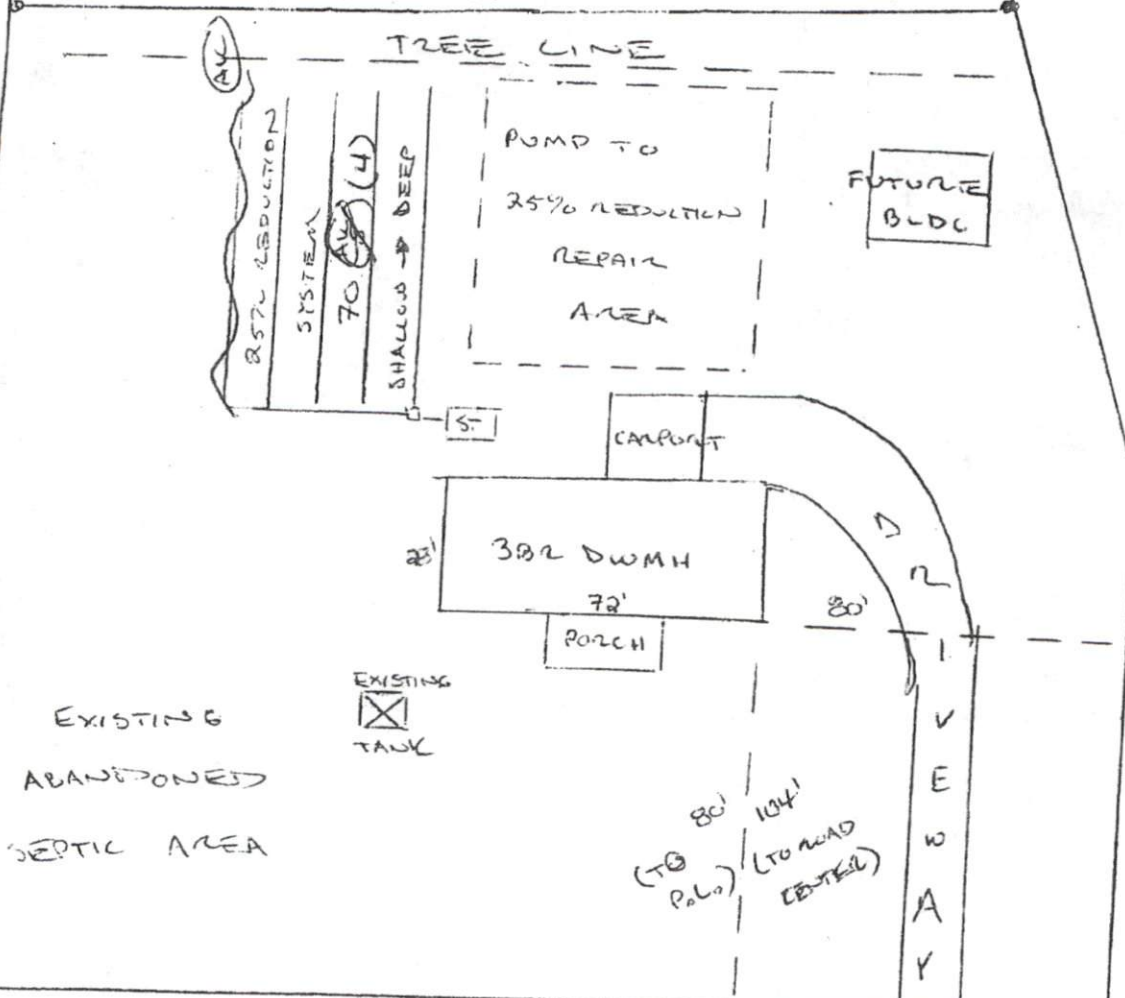
Date: 01/11/2019

ANDREW CURRAN

- * D-BOX DISTRIBUTION REQUIRED
- * SHALLOW TO DEEP INSTALL MAY BE REQUIRED
- * EXISTING TANK SHALL BE PUMPED, CRUSHED, AND BACKFILLED ON SITE

PROPERTY LINE

TREE LINE



OLD STAGE RD S. (S21769)

Improvement Permit

A building permit cannot be issued with only an Improvement Permit

ISSUED TO: Kathleen Lasater
 NEW REPAIR EXPANSION
 Type of Structure: 302 DWMH 28'x72'
 Proposed Wastewater System Type: 25% reduction sys.
 Projected Daily Flow: 360 GPD
 Number of bedrooms: 3 Number of Occupants: 6 max
 Basement Yes No
 Pump Required: Yes No May be required based on final location and elevations of facilities
 Type of Water Supply: Community Public Well Distance from well NA feet
 Permit conditions: _____

PROPERTY LOCATION: 2252 Old Stage Rd. S. (SR 1769)
 SUBDIVISION _____ LOT # _____
 Site Improvements required prior to Construction Authorization Issuance: _____

Permit valid for: Five years
 No expiration

Authorized State Agent: [Signature] Date: 01/11/2019 SEE ATTACHED SITE SKETCH
 The issuance of this permit by the Health Department in no way guarantees the issuance of other permits. The permit holder is responsible for checking with appropriate governing bodies in meeting their requirements. This site is subject to revocation if the site plan, plat, or the intended use changes. The Improvement Permit shall not be affected by a change in ownership of the site. This permit is subject to compliance with the provisions of the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit.

Construction Authorization

(Required for Building Permit)

The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .1957, .1958, and .1959 are incorporated by references into this permit and shall be met. Systems shall be installed in accordance with the attached system layout.

ISSUED TO: Kathleen Lasater

PROPERTY LOCATION: 2252 Old Stage Rd. S. (SR 1769)
 SUBDIVISION _____ LOT # _____

Facility Type: 302 DWMH 28'x72' New Expansion Repair
 Basement? Yes No Basement Fixtures? Yes No

Type of Wastewater System** 25% reduction system (Initial) Wastewater Flow: 360 GPD
 (See note below, if applicable)

Installation Requirements/Conditions

Septic Tank Size 1000 gallons
 Pump Tank Size _____ gallons

Number of trenches 4 (AIC)

Exact length of each trench 70 feet
 Trenches shall be installed on contour at a
 Maximum Trench Depth of: 26 inches
 (Trench bottoms shall be level to +/-1/4" in all directions)

Trench Spacing: 9 Feet on Center
 Soil Cover: 14 inches
 (Maximum soil cover shall not exceed 36" above the trench bottom)

Pump Requirements: _____ ft. TDH vs. _____ GPM

Conditions: D-Box Required; Existing Trench shall be abandoned Aggregate Depth: NA inches below pipe
NA inches above pipe
NA inches total

WATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM ANY PART OF SEPTIC SYSTEM OR REPAIR AREA. NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN FIELD AREA.

**If applicable: I understand the system type specified is different from the type specified on the application. I accept the specifications of this permit.

Owner/Legal Representative Signature: _____ Date: _____
 This Construction Authorization is subject to revocation if the site plan, plat, or the intended use changes. The Construction Authorization shall not be transferred when there is a change in ownership of the site. This Construction Authorization is subject to compliance with the provisions of the Laws and Rules for Sewage Treatment and Disposal and to the conditions of this permit.

SEE ATTACHED SITE SKETCH

Authorized State Agent: [Signature] Date: 01/11/2019
ANDREW CURRAN Construction Authorization Expiration Date: 01/11/2024