

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: Roberto Flores Address: 2829 Mollard Cove Rd

City: Somerset State: NC Zip: 27330 Daytime Phone: 919-352-4700

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: Haven Rock Ltr Movers

Phone: 919-775-3600 Address: 3335 NC Hwy 87 S

City: Somerset State: NC Zip: 27332

State Lic# 3400 Email: _____

B. Electrical Contractor Company Name: Roberto Flores

Phone: 919-352-4700 Address: 2829 Mollard Cove Rd

City: Somerset State: NC Zip: 27330

State Lic# Self Email: N/A

C. Mechanical Contractor Company Name: Roberto Flores

Phone: 919-352-4700 Address: 2829 Mollard Cove Rd

City: Somerset State: NC Zip: 27330

State Lic# Self Email: N/A

D. Plumbing Contractor Company Name: Roberto Rubio

Phone: 919-352-4700 Address: 2829 Mollard Cove Rd

City: Somerset State: NC Zip: 27330

State Lic# Self Email: N/A

Part III - Manufactured Home Information

Model Year: 2008 Size: 28 X 36 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.

[Signature]
Signature of Home Owner or Agent

4/25/19
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.

**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) Roberto M Flores Jr PHONE 919-352-4700 DATE 1-21-17

ADDRESS 2829 Mottard Cove Rd Sanford NC 27330 SALESPERSON Chris

DELIVERY ADDRESS 255 Cool Springs Rd Lillington NC 27546

MAKE & MODEL Fleetwood YEAR 2018 BEDROOMS 3 FLOOR SIZE 56 W 28 L 60 HITCH SIZE W 28 STOCK NUMBER
SERIAL NUMBER TSP COLOR ASAP PROPOSED DELIVERY DATE ASAP KEY NUMBERS

LOCATION R-VALUE THICKNESS TYPE OF INSULATION BASE PRICE OF UNIT \$ 114,000.00

CEILING OPTIONAL EQUIPMENT

EXTERIOR LAND SUB-TOTAL \$ 114,000.00

FLOORS SALES TAX INC

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

Del & Set to County Codes \$ VARIOUS FEES AND INSURANCE

Brick Foundation by Customer CASH PURCHASE PRICE \$ 114,000.00

Heat Pump TRADE-IN ALLOWANCE \$

Plumbing & Electrical Hook up LESS BAL. DUE on above \$

2 Sets of Steps by Customer NET ALLOWANCE \$

Permits CASH DOWN PAYMENT \$

Soak Pit CASH AS AGREED \$

Septic water Top & Line LESS TOTAL CREDITS \$

Country Fair will pay up to \$5500.00 in closing cost & all prepays SUB-TOTAL \$

SALES TAX (If Not Included Above) Unpaid Balance of Cash Sale Price \$ 114,000.00

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.

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 DEALER BUYER

E. J. WOMACK ENTERPRISES INC. DBA COUNTRY FAIR HOMES DEALER SIGNED X [Signature] BUYER

Not Valid Unless Signed and Accepted by an Officer of the Company or an Authorized Agent SOCIAL SECURITY NO. 243-83-892 BUYER

Approved By [Signature] SIGNED X _____ BUYER SOCIAL SECURITY NO. _____ BUYER