

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: Jonathan Burd Address: 1884 Peach Farm Rd
City: Lillington State: NC Zip: 27546 Daytime Phone: 910-890-1452

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)

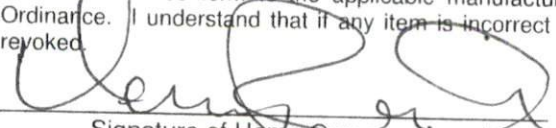
- A. **Set-Up Contractor** Company Name: Raven Rock Mtl Movers
Phone: 919-775-3600 Address: 3335 NC Hwy 81 S
City: Sanford State: NC Zip: 27332
State Lic# 3400 Email: N/A
- B. **Electrical Contractor** Company Name: Daniel J Hash
Phone: _____ Address: 63 Mercy Ln
City: Broadway State: NC Zip: 27505
State Lic# 23349-L Email: N/A
- C. **Mechanical Contractor** Company Name: Tin Shop
Phone: 919-708-8340 Address: 3489 Edwards Rd
City: Sanford State: NC Zip: 27332
State Lic# 22513 Email: N/A
- D. **Plumbing Contractor** Company Name: Larry Measmer
Phone: 919-313-8381 Address: 2521 Westgate Dr
City: Sanford State: NC Zip: 27330
State Lic# 23822 Email: N/A

Part III – Manufactured Home Information

Model Year: 2019 Size 28 x 52 **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 of Home Owner or Agent

5/15/19
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.

DBA COUNTRY FAIR HOMES

3335 NC 87 Highway S.
SANFORD, NORTH CAROLINA 27332
(919) 775-3600 • Fax: (919) 775-7533

BUYER(S) Jonathan D Byrd PHONE 910-890-1452 DATE 2/7/19
 ADDRESS 1884 Peach Valley Rd Lillington NC 27550 SALESPERSON EJ Womack
 DELIVERY ADDRESS Same
 MAKE & MODEL Dutch 2852-02 YEAR 2019 BEDROOMS 3 FLOOR SIZE 5216 HITCH SIZE 52 STOCK NUMBER
 SERIAL NUMBER _____ COLOR _____ PROPOSED DELIVERY DATE _____ KEY NUMBERS _____
 NEW USED

LOCATION	R-VALUE	THICKNESS	TYPE OF INSULATION
CEILING	30		
EXTERIOR	11		
FLOORS	22		

BASE PRICE OF UNIT	\$ <u>10,572.91</u>
OPTIONAL EQUIPMENT	
SUB-TOTAL	\$ <u>10,572.91</u>
SALES TAX	<u>1380.47</u>

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

<u>Delivery & Setup</u>	\$
<u>Brick foundation</u>	
<u>Truck</u>	
<u>Heat pump</u>	
<u>Water tap</u>	
<u>Plumbing (no water line)</u>	
<u>Electrical</u>	
<u>2 set of steps</u>	
<u>Seller to pay up to \$5,500.00 on closing cost</u>	
BALANCE CARRIED TO OPTIONAL EQUIPMENT	\$

NON-TAXABLE ITEMS

VARIOUS FEES AND INSURANCE

CASH PURCHASE PRICE \$ 10,953.38

TRADE-IN ALLOWANCE \$ _____

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 \$ _____

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
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		

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

SIGNED X _____ BUYER

SOCIAL SECURITY NO. _____

SIGNED X _____ BUYER

SOCIAL SECURITY NO. _____

Approved By [Signature]

DUPLICATE