

**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: Uriah Parker Address: 3785 Rosser Pittman Rd  
City: Broadway State: NC Zip: 27505 Daytime Phone: ( 910-514-5379 )

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: Raven Rock MH Movers  
Phone: 919-775-3600 Address: 1947 S Horner Blvd  
City: Somerset State: NC Zip: 27530  
State Lic# 3400 Email: N/A
- B. **Electrical Contractor** Company Name: Daniel Dash  
Phone: 919-955-4496 Address: 603 Mercy Ln  
City: Broadway State: NC Zip: 27505  
State Lic# 23349 Email: N/A
- C. **Mechanical Contractor** Company Name: Tin Shop  
Phone: 919-708-8340 Address: 3489 Edwards Rd  
City: Somerset State: NC Zip: 27332  
State Lic# 22513 Email: N/A
- D. **Plumbing Contractor** Company Name: Uriah Parker  
Phone: 910-514-5379 Address: 3785 Rosser Pittman Rd  
City: Broadway State: NC Zip: 27505  
State Lic# SELF Email: N/A

**Part III - Manufactured Home Information**

Model Year: 2020 Size 32x76 *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

10/28/19  
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) <i>CRITA A &amp; Ashley Parker</i>		PHONE <i>910 514 5379</i>	DATE <i>10-</i>
ADDRESS <i>3785 Rosser Pittman Rd</i>		SALESPERSON <i>EJW</i>	
DELIVERY ADDRESS <i>Broadway NC</i>			
MAKE & MODEL <i>Champion Dutch</i>	YEAR <i>2010</i>	BEDROOMS <i>3</i>	FLOOR SIZE <i>76 sq ft</i>
SERIAL NUMBER	HITCH SIZE <i>80 1/4"</i>		STOCK NUMBER
<input checked="" type="checkbox"/> NEW <input type="checkbox"/> USED		COLOR	PROPOSED DELIVERY DATE
		KEY NUMBERS	

LOCATION	R-VALUE	THICKNESS	TYPE OF INSULATION
CEILING	<i>30</i>		
EXTERIOR	<i>11</i>		
FLOORS	<i>22</i>		

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		BASE PRICE OF UNIT	\$
Delivery Set			
TRM			
Brick Underpinnings			
HEAT PUMP			
Water Tap			
Plumbing (Water Peterman)			
Electrical			
Steps (3)			
BALANCE CARRIED TO OPTIONAL EQUIPMENT			\$

OPTIONAL EQUIPMENT	\$
<b>SUB-TOTAL</b>	\$
SALES TAX	

NON-TAXABLE ITEMS		
VARIOUS FEES AND INSURANCE		
<b>CASH PURCHASE PRICE</b>		\$
TRADE-IN ALLOWANCE	\$	
LESS BAL. DUE on above	\$	
NET ALLOWANCE	\$	
CASH DOWN PAYMENT	\$	
CASH AS AGREED	\$	
<b>LESS TOTAL CREDITS</b>		\$
<b>SUB-TOTAL</b>		\$
SALES TAX (If Not Included Above)		
<b>Unpaid Balance of Cash Sale Price</b>		\$

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  DEALER    BUYER

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

DEALER

Not Valid Unless Signed and Accepted by an Officer of the Company or an Authorized Agent

Approved By: *EJW*

SIGNED X \_\_\_\_\_ BUYER

SOCIAL SECURITY NO. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

SIGNED X \_\_\_\_\_ BUYER

SOCIAL SECURITY NO. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_